

Year: _____

Japanese Academy of the Rockies Student Enrollment Form

Japanese Academy of the Rockies provides education for Japanese as heritage language. Our goal is to provide children excellent educational opportunities to maintain Japanese as a family language. We offer an environment to utilize and practice everyday conversations, and to learn reading and writing of Japanese Language to enrich our children’s conversation skills.

Student:

Last Name: _____ First Name: _____ MI: _____

Date of Birth: _____

Address: _____ Home Phone: _____

Parent/Guardian 1:

Last Name: _____ First Name: _____ MI: _____

Address: _____ Home Phone: _____

_____ Cell Phone: _____

E-mail: _____

Parent/Guardian 2:

Last Name: _____ First Name: _____ MI: _____

Address: _____ Home Phone: _____

_____ Cell Phone: _____

E-mail: _____

Health Information: (Please list any significant or on-going conditions such as allergies, heart disease, vision or hearing problems, etc.)

I agree that a pre-registration deposit will be used to reserve a seat in a classroom, and will be applied to the annual registration fee. However, it will be forfeited in case of cancellation. _____ (Please initial)

Parent/Guardian Signature: _____ **Date:** _____

Notice of Nondiscrimination Policy as to Students

The Japanese Academy of the Rockies admits qualified children of any race, color, national and ethnic origin to all the rights, privileges and programs at the School. The Japanese Academy of the Rockies does not discriminate on the basis of race, color, national and ethnic origin in administration of its educational policies and admission policies.

School Use Only

Registration Date: ____ / ____ / ____ Registration Fee/Deposit \$ _____