

print student's last name: \_\_\_\_\_ student's first name: \_\_\_\_\_



# SAKURA GAKUEN Japanese Language School

2401 Riverside Blvd., Sacramento, CA 95818 info@sakuragakuen.org (916) 542-0557

## REGISTRATION FORM – Kindergarten

(one per student)

New Student: Yes  or No  Semester: Fall / Spring  
(circle one) Year 20\_\_\_\_

**Student** \_\_\_\_\_ Date of Birth \_\_\_\_\_  
First Middle Last

Name of Current School \_\_\_\_\_ School District \_\_\_\_\_

**Mother/Guardian** \_\_\_\_\_ email \_\_\_\_\_  
(name)

Address \_\_\_\_\_

Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Home Phone \_\_\_\_\_

**Father/Guardian** \_\_\_\_\_ email \_\_\_\_\_  
(name)

Address \_\_\_\_\_  
(If different from mother)

Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Home Phone \_\_\_\_\_

Other family members attending this school:

Name \_\_\_\_\_ Name \_\_\_\_\_

Name \_\_\_\_\_ Name \_\_\_\_\_

Does this student have any previous Japanese language study experience? Yes  No

If yes, please explain \_\_\_\_\_

Are you a member of the Buddhist Church Sacramento? Yes  No

**Signature of Parent or Guardian** \_\_\_\_\_ Date \_\_\_\_\_