

print student's last name: _____ student's first name: _____



SAKURA GAKUEN Japanese Language School

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REGISTRATION FORM – Kindergarten

(one per student)

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

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 _____