

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 – Youth School

(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 _____