



SAKURA GAKUEN Japanese Language School

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

INTENT TO RETURN FORM 2015-2016 School Year

Please return this form no later than **Saturday, May 16, 2015.**

CHILD'S NAME(S)

CURRENT CLASS

Please check one:

_____ **YES**, my child will be returning to Sakura Gakuen for the 2015-2016 school year.

_____ **NO**, my child will not be returning to Sakura Gakuen for the 2015-2016 school year.

If NO, please state reason (optional) _____

I have another child I would like to enroll in Sakura Gakuen for the 2015-2016 school year.

Name _____ Birthdate _____

Class interested in enrolling child in _____

If you know another family that may be interested in enrolling their child at Sakura Gakuen, please let us know.

Name of potential student _____

Name of Parent _____ Contact email or ph# _____

Parent name (please print) _____ E-mail _____

Parent Signature _____ Date _____

Please return by **Saturday, May 16, 2015.**