### Application for Admission Checklist and Forms (PS - G1)

☐ Completed School Application (IN PACKET)
☐ Parent/Caregiver Responsibility Contract (IN PACKET)
☐ Curriculum Differences Contract (IN PACKET)
☐ Health Form (IN PACKET)
☐ Photocopy of Passport
☐ One passport-sized photos for each applicant
☐ School Records (INCLUDING MOST RECENT)
☐ Confidential Teacher Recommendation (IN PACKET)

Please submit the above materials in order to activate your file with OYIS.

Materials can come in one-by-one or all together.

Once we have all the required materials, the Admissions Office will contact the family to make arrangements for the interview and testing.

If you need any assistance in the application process, please contact the Admissions Office at <a href="mailto:admissions@oyis.org">admissions@oyis.org</a>.



## **Application for Admission**

Please submit a separate application for each child in your family.

Please attach passport-sized photo here.

ADMISSIONS (	OFFICE O	NLY: A	Applicatio	n Date M_	/D	_/Y								
<b>APPLICA</b>	ANT													
Last (Family) Name Fire				First Nam	e				Mid	dle Na	ıme			
Name In Chi	nese Char	acters	s (If Appli	cable)		N	Nicknar	me/E	nglish	Name				
ом оғ	□F Country of Birth				Γ	Date of Birth  M/ /D /Y								
Applying to 0	Grade		Desired S	tart Date			Ex	kpecte	ed Len	gth of E	Inrolln	nent		
Registered P	assport N	lame					Pass	port l	Numb	er				
Place of Issue	e			Date of E	Expiration		Seco	nd Pa	isspor	t (If App	olicabl	e)		
Address in Ja	npan													
Home Phone	<u> </u>		Father/0	Caregiver'	's Email		Mother/Caregiver's Email							
Father/Care	giver's Ce	ll Nun	nber	Mothe	er/Caregive	r's Cel	ell Number Child's Cell Number							
<b>EDUCAT</b>	'ION													
School Name	e (MOST RE	CENT)						Schoo	ol Web	site				
Address							Phone Number							
Date Started	M/	D/	Y/	Grades	s Attended		Date Ended M/ D/ Y/							
Name and Position of Contact Person Email Address														
School Name	e (OTHER)						Scho	ol We	ebsite					
Address							1		Phor	ie Numl	oer			
Date Started M/ D/ Y/ Grades Attended				1	Date Ended M/ D/ Y/									
Name and Position of Contact Person				Ema	Email Address									

# **Application for Admission**

LANGUAGE										
What language did the child first learn to speak?										
What is the home language										
of each parent/caregiver?  Primary language(s) spoken at home by the child:										
1	en at nome by the	cima:								
			<b>□</b> <25%	<b>□</b> 25%	<b>□</b> 50%	<b>□</b> 75%	<b>1</b> 00%			
2										
Primary language(s) spoke	en by others at ho	me:								
1			<b>□</b> <25%	<b>□</b> 25%	<b>□</b> 50%	<b>□</b> 75%	<b>1</b> 00%			
2			<b>□</b> <25%	<b>□</b> 25%	<b>□</b> 50%	<b>□</b> 75%	<b>□</b> 100%			
Primary language(s) spoke	en in social situati	ions by the	child:							
1			<b>□</b> <25%	<b>2</b> 5%	<b>□</b> 50%	<b>□</b> 75%	<b>1</b> 00%			
2			<b>□</b> <25%	<b>2</b> 5%	<b>□</b> 50%	<b>□</b> 75%	□100%			
Primary language(s) used	by parents/caregi	ivers to sp	eak to the	child:						
1			<b>□</b> <25%	<b>2</b> 5%	<b>□</b> 50%	<b>□</b> 75%	<b>□</b> 100%			
2			<b>□</b> <25%	<b>2</b> 5%	<b>□</b> 50%	<b>□</b> 75%	□100%			
Can a parent/caregiver spea					giver read		□Yes □No			
Has your child ever received ☐No	l English language i	nstruction	' ⊔Yes	For	how long?	mc	onthsyears			
PERSONALITY AND	D HISTORY									
Please describe your child. (PERSONALITY, STRENGTHS, AREAS FOR GROWTH, ATTITUDE TOWARDS SCHOOL)										
Please describe any allergies, medical condition, hospitalization, developmental delay, or diagnosis for your child. (ALSO INCLUDE ANY MEDICATIONS CURRENTLY BEING TAKEN)										
Has your child ever had any					⊒Yes □N	lo				
Please select all of th			ant for							
No programs or support	☐ No programs or support ☐ Gifted & Talented					☐ PDD (PERVASIVE DEVELOPMENT DISORDER)				
	☐ Counseling ☐ Speech /Language				☐ Shadow Teacher					
☐ Tutoring	☐ Speech /Langua ☐ EAL (ENGLISH AS		•		<u>Shadow Te</u> Behavioral					

## **Application for Admission**

FAMILY MEMBERS							
☐ Father ☐ Step-Father ☐ Careg	iver	☐ Mother	□Step-Mother □Caregiver				
Name (LAST, FIRST)		Name (LAST, FIRST)					
Passport Country		Passport Cou	intry				
Employer		Employer					
Address (WORK)		Address (WO	RK)				
Phone/Fax (WORK)		Phone/Fax (V	WORK)				
Email (WORK)		Email (WORK)					
Home Language(s)		Home Langua	age(s)				
English Proficiency □Native/High □	Moderate DLow	English Profi	ciency □Native/High □Moderate □Low				
Do you have areas of expertise that yo			areas of expertise that you are willing to				
share with our students? If so, please		_	ur students? If so, please list them below.				
71			,1				
SIBLINGS							
☐ Brother ☐Sister	☐ Brother ☐ Sister	r	☐ Brother ☐ Sister				
Name	Name	-	Name				
Date of Birth M/ D/ Y/	Date of Birth M/	D/ Y/	Date of Birth M/ D/ Y/				
☐ Enrolled at OYIS, Grade	☐ Enrolled at OYIS	S, Grade	☐ Enrolled at OYIS, Grade				
□Applying to OYIS, Grade	□Applying to OYIS	S, Grade	☐Applying to OYIS, Grade				
□Enrolled at	□Enrolled at	□ Enrolled at					
EMERGENCY CONTACT (MUST	BE SOMEONE OTHER T	THAN THE APPLIC	CANT'S PARENTS)				
Name	DE CONTECUE O THERE		Relationship				
Address		Phone Number					
11441 655			Thome rumber				
Please list any holidays or special day	s your family celebra	ates that you w	rould like the school to recognize				
l rease not any nondays of special day	5 your running cerebre	aces that you w	outa fine the sensor to recognize				
Please list any activities you do not w	ant your child to par	ticipate in, due	to religious, cultural, or other reasons				
		<u>-</u>					

### **Parent/Caregiver Responsibility Contract**



By signing this form, the parents/quardians will support their child(ren)'s learning.

We (I) will:

#### Support the philosophy and culture

- support the school's mission, core values, strategic objectives, programs, and all initiatives towards their achievement.
- contribute to a positive school environment, avoiding conduct which creates or promotes intolerance or disharmony between and/or among the members of the school or the staff.
- use channels of communication established by the school when seeking a resolution to a problem or concern, starting the conversation with the person directly responsible on the issue. If there is still a concern, then the principal can be brought into the discussion.
- attend parent/teacher conferences, meetings, and workshops to learn about OYIS and how I can support my child(ren).
- cooperate with teachers and school leaders in support of the progress of my child(ren).
- enrich and support my child(ren)'s home language development as much as possible.

#### Support the curriculum and academics

- support the school's curriculum philosophy and practice, and understand that meeting country or region-specific curriculum standards outside of the school's mission and core values, may not be possible or supported.
- accept the school's grade level placement of my child, EAL (ENGLISH AS AN ADDITIONAL LANGUAGE) level designation (if applicable), and/or special needs identification.
- understand that the school defines the level and need of language/learning support given and that there may be additional fees attached to the support.

#### Support my child

- read and understand the information contained in the student handbook, which is located on the OYIS homepage.
- ensure child(ren)'s regular and punctual attendance at school.
- support the school's involvement with extracurricular activities, including excursions/field trips arranged by OYIS.
- volunteer and participate in a variety of activities, some of which may be PTA-related.
- play an active role in monitoring my child(ren)'s screen time (TV, iPad, etc...) and online behavior.
- provide opportunities for English reading and conversation and support my child(ren) with their homework.

#### Support the school

- guarantee that my child(ren) will be living with a parent or legal guardian.
- authorize release of my phone number and e-mail address to the school to communicate school information and/or in case of emergency
- pay all fees as established by the school in accordance with the authorized payment plan.
   Note: Payments delayed by more than one month will prohibit the school from issuing any official documentation. Payments delayed by more than two months will result in cancellation of enrollment.
- understand that the school reserves the right to use and display students' images, videos, and voice recordings for a variety of purposes, including advertising, marketing and sharing with community. The school will follow its publishing protocols.
- agree to my child's materials being submitted to the IB Organization from time to time for educational, training and/or
  promotional purposes relating to the IB Organization's activities, or those related activities of which it approves. By
  providing written consent to OYIS, legal guardians are granting the IB Organization a non-exclusive, charge-free, worldwide
  license, for the duration of the statutory copyright protection, to reproduce submitted materials in any medium.

Failure on the part of parents/caregivers to comply with the above policies and guidelines will result in a discussion with the school about whether this is the appropriate school for your family. This form is automatically renewed when enrolling students for the next school year.

Father/Caregiver's Signature	Mother/Caregiver's Signature
Printed Name	Printed Name
Date M/ D/ Y/	Date M/ D/ Y/
Student Name(s)	Grade Level(s)

## **Application for Admission-Curriculum Differences**

Dear Parents,



Thank you for considering Osaka YMCA International School as the school of choice for your child. There are some fundamental differences between international schools and regular Japanese schools that are often overlooked. At Osaka YMCA International School (OYIS), we believe that it is vital for parents and caregivers to fully understand how different these two types of schools are in order to make informed decisions about their child's education, and to avoid any misunderstandings.

OYIS welcomes students of all nationalities and cultural and religious backgrounds to apply to join the OYIS community. OYIS provides students with a high-quality international education in a multicultural environment where the language of instruction is English, with additional language lessons provided in the language of our host country-Japanese. However, it is important to note that OYIS is **not** an English language school, but rather a school where English is the primary language of instruction in all classes and activities, and is the common language of all students and staff.

In addition to building knowledge and understanding of the world around them, OYIS students also develop thinking skills, communication skills, research skills, self-management skills, and social skills. In order to develop knowledge, understanding and skills, students enjoy a wide variety of learning experiences such as field trips, problem-solving projects, experiments, exploration and analysis of various information sources such as the Internet, newspapers, advertising, books, etc., community outreach, and independent inquiries into student interests. Assessment of learning is also varied and includes methods such as teacher observation, peer- and self-assessment, learning portfolios, and authentic transfer tasks.

OYIS aims to help students become independent, lifelong learners, which can help them further their education at universities both in and out of Japan. However, as our Japanese language program does not follow the Japanese national curriculum, students graduating from OYIS may find it difficult to continue their studies at Japanese universities if they have not supplemented their Japanese language education outside of the school.

Although the OYIS curriculum is supported by grade-level standards, we practice inclusion and differentiation. As such, students will sometimes be working at different levels of achievement against these standards according to their individual learning needs and abilities. Teachers do this by planning and providing learning experiences aimed at enabling students to develop knowledge, skills and understanding at a pace appropriate to individual students. However, if students are found to be experiencing continued difficulty accessing the OYIS curriculum, steps may be taken accordingly by the school, such as but not limited to, repeating a grade, requiring additional learning support, or recommending the student transfers to a school that is better able to meet the student's needs.

Parents and caregivers must be aware that, if the child is a Japanese citizen, parents must note that it is solely *their* responsibility for *all* the actions they take regarding their local board of education on the understanding that there is compulsory attendance of Japanese primary school.

Dear Osaka YMCA International School,

we have read and understood every point stated above.	
Father/Caregiver (PLEASE PRINT)	Signature
Mother/Caregiver (PLEASE PRINT)	Signature

## **Application for Admission-Curriculum Differences**



#### 日本の義務教育に関する同意書

本校を教育機関としてご検討頂きありがとうございます。OYIS と通常の日本の学校には、いくつかの基本的な相違点があります。OYIS では、この両者の違いを保護者の皆様に十分に理解して頂くことが極めて重要なことであり、それを理解して頂いた上でお子様が OYIS に進学されることを決定して頂くことが、必要不可欠なことであると考えています。

OYIS では、本校の規定を満たしていれば、国籍や宗教に関わらず全ての生徒を受け入れています。本校での教育言語は英語であり、ホスト国である日本語の授業もカリキュラムに加られており、多様な文化背景の基、質の高い国際教育を実施しております。よって本校は英会話学校ではなく、全ての授業や教育活動を英語を用いて行う学校であり、教員や職員同士のコミュニケーションも英語を使用します。

生徒の知識や自身をとりまく現代社会への理解を深める為、本校では考える力、コミュニケーション力、リサーチスキル、セルフマネージメントスキル、ソーシャルスキルを学んでゆきます。又、知識を深める為に、校外学習活動、問題解決につなげるプロジェクト、実験、インターネット、新聞、広告、文献等の様々なメディアを通してのリサーチも実施しております。

本校の教育を通し、生徒が自らを律し、自ら学ぶ姿勢を身に着け将来的に国内外の大学、及び、高等教育機関に 進学するよう導きます。しかしながら、本校の日本語のカリキュラムは日本の高等教育機関にそった教育は実施 しておりませんので、本校以外でのサポートを受けない場合は国内の大学等への進学が困難になる場合がありま す。

本校のカリキュラムは包括的クラス要素と個人の習熟度を考慮した上で各学年の学習到達目標を基に作成されております。ですから学習到達目標を個人の習熟度によって考慮する場合もあります。個人の理解能力やスキルや知識レベルに応じて教員はカリキュラムを構築してゆきます。しかしながら、もし、本校の教育課程がその生徒にとって困難であった場合、留年やサポート要員の要請をする場合もあります。又、本校からよりその生徒にあった他の教育機関への転校を勧めることもあります。

本校の生徒や保護者の皆様に特に注意して頂きたいことは、日本国籍を持つお子様をこの学校に入学された場合、文部科学省によって定められている日本の義務教育は受けられないということに十分ご注意下さい。そのため、もしお子様が日本国籍をお持ちなら、就学義務があることを理解した上で、居住地の教育委員会に対して適切な措置を各自の責任において行なって下さい。

大阪 YMCA インターナショナルスクール校長殿

上記に同意します。

父親の氏名	署名
母親の氏名	署名

### **Confidential Recommendation**



The applicant's homeroom teacher, the principal, or counselor should complete this form.

APPLICANT INF	ORMATION			
Last (Family)Name		First Name		Middle Name
Current Grade	Applying for Grade		Languages	
School Name			School Website	
School Address			School Phone Nur	nber
Name of Person Comple	ting Form		Email Address	
Position of Person Comp	oleting Form		How long have yo	u know the applicant?
SOCIAL/EMOTI	ONAL EVALUATI	ON (IN RELATION TO H	IIS/HER PEERS)	
	Area of Concern	Approaching	Age Appropria	te Area of Strength
Independence				
Relationship with Peers				
Relationship with Adult	s			
Cooperation				
Appreciation of Limits				
Self-control				
Willingness to take risks	5			
Compassion				
Maturity				
<b>ACADEMIC EVA</b>	LUATION (IN RELATI	ON TO HIS/HER PEERS)		
	Area of Concern	Approaching	Age Appropria	te Area of Strength
Willingness to seek help	)			
Response to direction				
Independence				
Cooperation				
Attentiveness				
Participation				
Curiosity				
Fine motor skills				
Gross motor skills				
Language development				

## **Confidential Recommendation**



NARRATIVE RESPONSE							
Please describe any particular academ	nic strengths and areas for growth.						
Please describe any disciplinary, emo							
Has the applicant been recommended issues? (IF YES, PLEASE EXPLAIN.)	for an assessment for speech, language,	attention or other learning or behavior					
Is the applicant currently enrolled in or previously been in a special program, support class or modified program? Is the applicant receiving support outside of school? (IF YES TO EITHER QUESTION, PLEASE EXPLAIN.)							
Please describe the classroom environment in which the student is learning right now? (NUMBER OF STUDENTS, NUMBER OF TEACHERS, LEARNING SUPPORT, ETC.)							
Please describe any special talents, abilities and interests you have observed in the applicant.							
Have the applicant's parents been supportive of the school and cooperative when working with teachers, counselors, and administrators? (IF NOT, PLEASE EXPLAIN.)							
Signature Date							
	Osaka YMCA International School would like to thank you for completing this form. Please scan and email, fax, or mail this form.						
Scan and email to:	Fax to:	Mail to:					
admissions@oyis.org	06.6345.1601 inside Japan	Osaka YMCA International School Admissions Department 6-7-34 Nakatsu, Kita-ku Osaka, Japan 531-0071					

## **Parent/Caregiver Questionnaire**



Please answer all of the questions listed below.

EARLY CHILDHOOD - GRADE 1
How long will your child's journey be to school and back home again? How will your child get to and return from school?
Does your child have sensitivities/fears/anxieties that we should know about? If so, please detail these and outline your strategies used to deal with them.
Is this your child's first experience of childcare, kindergarten, or school?
If no, what did your child enjoy and find challenging about their previous experience?
Does your child attend activities outside of school and how often (tutoring, soccer, piano, ballet, etc)?
Do you read to your child at home? If so, how often and in what language(s)?
Can your child dress himself or herself independently? For Grade 1 students: Can your child independently manage their things?
List your child's favorite play activities and toys.
At what time does your child sleep in the evening and wake up in the morning?
Are there any foods that your child dislikes?
What does your child do that makes you proud?
Please use the back of this paper as additional space for your responses.
Osaka YMCA would like to thank you for your forthright responses to all questions.

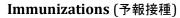
### **Health Record**



Examination Date: M	_/D	/Y
---------------------	-----	----

Last (Family) Name (性)		First Name (名)	)		Middle Name (ミドルネーム)			
Date of Birth (生年月日) M/	/D /	Y	□M(男子) □F (女子)		Grade (学年)	Age (年齢)		
Name of Doctor (医師名)				Signature/Se	al (医師の署名も)	しくは証明印)		
Doctor's Phone Number (医自	師の電話番号)							
Please describe any deficien		nalities in the fo	llowing ca	itegories:				
(特に異常見られる場合はご説 Height (身長)	明くたさい)		Weight (	体重)				
			yes 見力)					
Left (左)	Right (右)		_	nsation (色覚)				
			 aring ±±)					
Left (左)		( A	(聴力) Right (右)					
Respiratory (呼吸器系)			Cardiovascular (循環器系)					
Liver (肝臓)			Spleen (脾臓)					
Musculoskeletal (筋骨格系)		Skin (皮膚)						
Neurological (神経系)								
Laboratory Analysis (尿検査)								
Protein (蛋白)			Sugar (砂糖)					
			ergies ルギー)					
Food (食べ物)	Drug (薬)		Other (その他)					

### **Health Record**





Most of the following immunizations should be administered before attending school.
Please contact your physician for further details.
(入学前に下記の予報接種について医師とご相談ください)

Name (名称)	Dates Received			
DPT	1.	2.	3.	4.
(三種混合ワクチン)	1.	2.	0.	1.
DT (Age 11-12)	1.			
(二種混合ワクチン)	1.			
BCG	1.			
(BCG)	1.			
Polio	1			
(ポリオ)	1.			
MR	1			
(麻疹/はしか・風疹混合)	1.		2.	
Japanese Encephalitis	_			
(日本脳炎)	1.	2.	3.	4.
Mumps				
(おたふく風邪 - 任意)	1.			
Chickenpox				
(水痘 - 任意)	1.			
Additional Notes (その他):				
Traditional Notes ( C 47 E).				
Medical Reasons Limiting Participation in Sports or Activities				
(運動の制限の有無)				
□Yes( <sup>2</sup>		□No(無)		
Comments/Details (その理由):	,	,		
Additional Notes (その他):				
Hadrional Notes (CVIII).				
Parant's Namo	Darant's Cianatur	20		
Parent's Name	Parent's Signatur	re		