

英語で記入してください。

ENROLLMENT FORM

De La Salle Araneta University Lasallian Language Center

1. STUDENT'S INFORMATION

LAST NAME : 苗字

NATIONALITY : 国籍

FIRST NAME : 名前

MOTHER TONGUE : 母語

MIDDLE NAME : ミドルネーム(あれば)

SEX : MALE / FEMALE

性別

DATE OF BIRTH : / /

AGE : (ENROLLMENT YEAR)

生年月日

(YEAR) (MONTH) (DAY)

年齢

ADDRESS (House Number)

住所 (例) 1-14 Bunkyo-machi, Nagasaki, 852-8521, Japan

2. PARENT'S/GUARDIAN'S/ INFORMATION (IN CASE OF EMERGENCY)

GUARDIAN'S NAME : 保護者氏名

GUARDIAN'S CONTACT NUMBER : 保護者の電話番号 (例) +81 (0)80 1234 5678

3. STUDY INFORMATION

ENGLISH PROGRAM

ESL Premium Program

Junior

TOEIC Program

Guardian

IELTS Program

Special Medical

Internship Program

(Nursing / Dental / Physiotherapy)

CHECK IN DATE : 2026 / 8 / 16 (SUNDAY)

(YEAR) (Month) (DAY)

(*If SATURDAY, Please put information on the Note. NOTE: _____)

ENROLLMENT DATE : 2026 / 8 / 17 (MONDAY) TERM : 5 weeks

(YEAR) (Month) (DAY)

I hereby certify that the above information given are true and correct to the best of my knowledge and I allow De La Salle Araneta University Lasallian Language Center to use my details to create and/or update their profile in the Learner Information System. The information herein shall be treated as confidential in compliance with Data Privacy Act of 2020

参加者の署名

署名日

(Signature)

(DATE)