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 _____

FIRST NAME : 名前 _____

MIDDLE NAME : ミドルネーム（あれば） _____

DATE OF BIRTH : _____/_____/_____
生年月日
(YEAR) (MONTH) (DAY)

NATIONALITY : 国籍 _____

MOTHER TONGUE : 母語 _____

SEX : ☐ MALE / ☐ FEMALE
性別

AGE : _____ (ENROLLMENT YEAR)
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
- ☐ TOEIC Program
- ☐ IELTS Program
- ☐ Internship Program
- ☐ Junior
- ☐ Guardian
- ☐ Special Medical
- (☐ Nursing / ☐ Dental/ ☐ Physiotherapy)

CHECK IN DATE : 2027 / 2 / 21 (SUNDAY)
(YEAR) (Month) (DAY)
(*If SATURDAY, Please put information on the Note. NOTE: _____)

ENROLLMENT DATE : 2022 / 2 / 22 (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 Lasalle 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 Date Privacy Act of 2020

参加者の署名 _____ (Signature)

署名日 _____ (DATE)