



JAN KEN PO GAKKO – 2011 / 2012 REGISTRATION FORM

Monday, June 25, 2012 to Friday, July 13, 2012

Student Information:

Student's Last Name	Student's First Name	Student's Japanese Name*	Date of Birth	Grade Level Fall 2012
Physician's Name		Physician's Phone#	Medical Insurance Carrier	Policy/ID#
Student's medical condition(s), special needs, and/or known allergies				

**Students use their Japanese name in gakko. If your student does not have a given Japanese name, please choose one for them.*

Emergency Information: In the event of an emergency, if parents/legal guardians are not available, contact the following person.

Name	Phone#	Relationship

Family Information:

Parents Name(s)					
Address		City, State	Zip	Home Phone#	Other Phone#
Cell Phone#1	Cell Phone#2	E-mail address1		E-mail address2	

Please sign and date to confirm that you have read and understand the JKPG Registration Guidelines (Updated June 2008)

Parent/legal guardian signature _____ Date signed _____

Tuition: \$200 per student; Please make checks payable to Jan Ken Po Gakko
Mail to: Audrey Seo, JKPG Registrar, 3629 Anthea Street, Sacramento, CA 95834
Postmarked on or before August 15, 2011 for summer 2012 session

For Office Use Only:	Date Rec'd:	Check #/Cash	Amount:	Received by:
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