

STUDENT FAMILY FACT SHEET

Name		Nick Name		DOB	
Mothers Maiden Name		Height		Weight	
Father's Name: _____		Address: _____			
Mother's Name: _____		Address: _____			
Student's Home Address : _____					Zip: _____
Own / Rent / Other _____		Phone: _____			
Who resides with the student?	Grandfather	Grandmother	Father	Mother	Sister Brother
	Other _____				
Do both parents work?	Occupation _____	Company & Tel _____			
Yes / No	Occupation _____	Company & Tel _____			
Name of full-time school _____		Grade Level _____			
Teacher's Name _____		Student's academic achievement? _____			
Family Education Policy					
a. How do you create opportunities to learn Japanese? Video/TV/Tutor/Other _____					
b. What is the first language the student learned? English/Spanish/Japanese/Other _____					
c. How many hours does the student use Japanese each day? _____					
d. With whom does the student speak Japanese? _____					
When did the student move to Las Vegas? (MM/YY) _____					
Has the student ever attended another Japanese school? Yes / No					
School name _____					
Does student has Japanese Citizenship? Yes / No					
What subjects is the student particularly good at? Math English Sciences Music Social Studies PE Other _____					
What are the student's hobbies? _____					
Is there a particular Slogan that the student likes? _____					
Is there a particular mentor or fictional/non-fictional person that the student looks up to? _____					
What are the student's favorite foods? _____					
Please rate the student's overall health? Excellent / Very Good / Good / Bad					
Is the student on any medications? Yes / No If Yes, please list them _____					
Is the student allergic to any food? Yes / No If Yes, please list them _____					
Please describe if there is a condition that the school should know : _____					

I declare that to the best of my knowledge the above information is correct and accurate.

Print Name
Signature
Date