

Tsukuba International Preschool

Application Package

2009-2010 Regular Program

&

2010 Spring Headstart Program

Dear Prospective TIP Parent,

Thank you for your interest in our school. Enclosed please find the following documents:

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Application Procedure

- Step 1: Application package is sent to family (or downloaded from our website).
- Step 2: Family returns "Eligibility Assessment" form (pages 7-8).
- Step 3: Parents and students are interviewed.
- Step 4: Parents are informed of admission decision (see Admission Policies, Section 3D).
- Step 5: If student is accepted, family returns application forms (pages 9-15) and supporting materials.

Checklist of Items Sent to TIP

Date Submitted

Non-Refundable Application Fee (20,000 yen)	
Eligibility Assessment (enclosed pages 7, 8)	
Application for Admission (enclosed pages 9, 10, 11)	
Parent (or Legal Guardian) Agreement (enclosed page 12)	
Health Appraisal Form (enclosed pages 13, 14, 15)	
Transcripts or Records from Previous School(s)	
Immunization Records	

Please keep copies of all forms for your records.

Last updated: August 17, 2009

Tsukuba International Preschool

Admission Policies

1. Purpose of Tsukuba International Preschool

Tsukuba International Preschool (TIP) was founded in order to provide students with a solid grounding in English from an early age. Students who graduate from Tsukuba International Preschool are in a very good position to start their full-time elementary studies in English at an international school or English-based school abroad.

2. Admission Qualifications

A. Age of Students

Tsukuba International Preschool is for children aged three, four, and five. Students entering the preschool must be at least three years old by December 31 of the relevant school year in order to be eligible for admission. (Students enrolling in the Spring Headstart Program should be 3 years old by December 31 of the current calendar year.)

B. Parents' Knowledge of English

In order to honor the obligation to cooperate with the school in the child's education, at least one of the parents should be capable of communicating with the school staff in English, discussing English-language assignments with the child, and helping the child with English spelling and memory tasks. In addition, the parent must be able to read teachers' notes and hold conversations with the teachers in English.

C. Special Needs

TIP does not have a test-based screening process and welcomes students with a wide variety of skills and abilities. However, students with special physical, academic, emotional, and/or behavioral needs will be carefully screened before admission. TIP has very limited resources to devote to children with special needs and may reject admission for any of the following reasons: the unavailability of an appropriately trained teacher, the lack of an appropriate program and curriculum, the lack of appropriate facilities and equipment, the teaching-load of the staff, the size of the class, or the educational dynamics of the classroom.

3. Admission Process

- A. Download the 2009-10 Application Package. (Contact the school if you prefer to have an application package sent by mail.)
- B. Submit the completed "Eligibility Assessment" form along with the non-refundable application fee (20,000 yen) to the school and request an interview.
- C. The student will then have an assessment interview with a teacher, and the parents will be interviewed by the teachers and school administration.
- D. After the interview, the school will decide whether or not the student should be admitted, based on the teacher's recommendations. Notification of the decision will be given within one week of the interview.
- E. If the teachers feel that they need more information to make a decision, the student may be asked to undergo further assessment.
- F. Upon acceptance, submit the completed application form, the health appraisal form, immunization records, and any existing school transcripts (report cards and other relevant school records).

4. After Admission

A. Tuition

All students are accepted on a full-time basis. The tuition fee is not discounted for students who attend part-time or for less than a whole year, but upon advance notification in writing to the school tuition fees may be prorated for students who plan to attend for less than a full semester in total. All tuition fees are non-refundable.

Any student whose tuition is not paid for a semester will be considered "withdrawn" from the school. Such students must complete the application process again in order to re-enter school.

B. Expulsion

TIP reserves the right to expel any child who does not abide by the school's rules and regulations.

C. Withdrawal

Parents who wish to withdraw their children during the school year must complete an "Exit Form" in order to receive their children's permanent school records. An "Exit Form" may be obtained by contacting the school office, but will not be issued until all fees have been paid and all school materials returned.

Tsukuba International Preschool

Kamigo 7821-1, Tsukuba, Ibaraki, JAPAN 300-2645

Tel/Fax: 029-886-5447

www.tsukubapreschool.org

Tsukuba International Preschool

Tuition Rates (2009-2010 Regular Program)

Unless otherwise noted, all fees must be paid by bank transfer by the due dates. No checks or foreign currency will be accepted.

Application Fee

20,000 yen
(one time, payable upon application)

Application Fee

The Application Fee must be paid in cash with the completed application form.

Registration Fee

30,000 yen
(one time if admitted, payable by Aug 15)

Registration Fee

The Registration Fee must be paid in full before the first day of school.

Facilities/Materials Fee

120,000 yen
(annual, payable by Aug 15)

Facilities/Materials Fee

The Facilities/Materials Fee must be paid in full before the first day of school and may not be paid in installments. Students will not be allowed to attend classes until this fee is paid.

Tuition Fee

One payment of 480,000 yen
(payable by Aug 15)

Tuition Fees

The Tuition Fee for the entire year may be paid in one lump sum before the first day of the first semester or, in order to meet the needs of those for whom a large lump sum payment may be difficult, TIP offers alternative methods of payment. Tuition payments may be made according to a two-payment plan with payments of 250,000 yen due in August and January; or according to a four-payment plan with payments of 130,000 yen due in August, November, January, and April. If Tuition Fees are not paid by the due date for each term a late fee of 1,000 yen per day will be charged until payment is made. If payment is not made within two weeks of the beginning of the term, the student will be dismissed from classes.

OR Two payments of 250,000 yen each
(payable by Aug 15 and Jan 15)

OR Four payments of 130,000 yen each
(payable by Aug 15, Nov 1, Jan 15, and Apr 1)

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Tsukuba International Preschool

Tuition Rates (2010 Spring Headstart Program)

Unless otherwise noted, all fees must be paid by bank transfer by the due dates. No checks or foreign currency will be accepted.

Application Fee

20,000 yen
(one time, payable upon application, prior to assessment)

Application Fee

The Application Fee must be paid in cash upon submission of the Application Form and prior to the Assessment.

Registration Fee

30,000 yen
(one time if admitted, payable by Apr 1)

Registration Fee

The Registration Fee must be paid in full before the first day of school.

Tuition + Facilities/Materials Fee

One payment of 180,000 yen
(payable by Apr 1);

Tuition Fees

The Tuition Fee for the Spring Headstart Program may be paid in one lump sum before April 1, or in order to meet the needs of those for whom a large lump sum payment may be difficult, TIP offers an installment plan of three payments of 65,000 yen on April 1, May 1, and June 1.

OR three payments of 65,000 yen
(payable by Apr 1, May 1, Jun 1)

If Tuition Fees are not paid by the due date for each term a late fee of 1,000 yen per day will be charged until payment is made. If payment is not made within two weeks of the beginning of the term, the student will be dismissed from classes.

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School Calendar (2009-2010)

(Tentative)

August 2009

15 First Payment Due (1, 2, 4 Installments)
24-31 Teacher Work Days

September

1 First Day of School
10 Parent Meeting (Back to School Night)
16 Open School Day
21 National Holiday (No School)
22 National Holiday (No School)
23 National Holiday (No School)
28-2 Parent-Teacher Conferences (after 3pm)

October

6 Open School Day
12 National Holiday (No School)

November

2 Second Payment Due (4 Installments)
3 National Holiday (No School)
6 First Quarter Progress Reports
11 Open School Day
23 National Holiday (No School)

December

3 Mid-Year Exhibition
8 Open School Day
19 Winter Break (Dec. 19 - Jan. 5)

January 2010

6 Classes Resume
11 National Holiday (No School)
13 Open School Day
15 Second Payment Due (2 Installments)
15 Third Payment Due (4 Installments)
29 First Semester Ends, Report Cards

February

1 Second Semester Begins
1-5 Parent-Teacher Conferences (after 3pm)
9 Open School Day
11 National Holiday (No School)

March

1-5 Spring Break
8 Classes Resume
17 Open School Day
22 National Holiday (No School)
26 Third Quarter Progress Reports

April

1 Fourth Payment Due (4 Installments)
5 Headstart Program Begins
13 Open School Day
20 Parent Meeting
26-30 Parent-Teacher Conferences (Headstart)
29 National Holiday (No School)

May

3-5 National Holidays (No School)
6-7 Golden Week Break (No School)
8-9 Tsukuba International Festival
19 Open School Day

June

1 Open School Day
3 Year-End Exhibition
12 Year-End Barbecue
23 Last Day of Classes, Final Report Cards
24 Summer Break Begins
24-30 Parent Teacher Conferences
24-30 Teacher Work Days

Total number of school days: 180

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Eligibility Assessment

Please fill out this form and return it to the school. We will notify you of the results shortly after receiving these documents. If your child is deemed eligible for enrollment, continue with the application process. This form must be accompanied by the Application Fee.

Please read the information in this package and on our website and make sure you have a clear understanding of the objectives of our school before you decide to enroll your child. Please contact the school if you have any questions.

Information about Student and Family (please include one form for each student who will be applying)

STUDENT

Last name	First name	Middle name
Nationality	Gender	
Date of Birth	Proposed enrollment date	
Name and Age of Siblings (if any)		

FATHER

or legal guardian

Last name	First name	Middle name
Nationality	Address	
Tel (Home)	(Work)	(Mobile)
Email		

MOTHER

or legal guardian

Last name	First name	Middle name
Nationality	<input type="checkbox"/> Same as above	
Address		
Tel (Home)	(Work)	(Mobile)
Email		

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English Language Ability of Parents/Guardians and Student

Father	1	2	3	4	5
Mother	1	2	3	4	5
Student	1	2	3	4	5
Sibling (if any)	1	2	3	4	5
	None				Fluent

Has the family ever lived outside Japan or your home country? YES NO

If so, please provide a brief explanation

Previous Education (list all previous schools attended, including kindergarten)

Name of School	Location (City, Country)	Grade(s)
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(use extra paper, if necessary)

Has the student ever attended an international school? YES NO

If so, please provide a brief explanation

Why do you want to enroll your child in Tsukuba International Preschool?

(use extra paper, if necessary)

The following section is for the student to fill out him/herself. This section should be filled out by students who would be entering Grade 5 or 6.

Why do you want to come to Tsukuba International Preschool?

(use extra paper, if necessary)

Thank you for your interest in Tsukuba International Preschool. We will notify you of your child's eligibility shortly after receiving these documents.

Tsukuba International Preschool

Application for Admission

If any information has changed between the time that you submitted the "Eligibility Form" and the time of admission, **please resubmit Page 7 with the updated information.**

Date: _____

STUDENT

Last name

First name

Middle name

Educational History

Has this student ever been retained in a grade?

YES NO

If so, please provide a brief explanation

Grade: _____

Please describe the nature of any past disciplinary problems.

Has this student ever been suspended from school?

YES NO

If so, please provide a brief explanation

Does this student have any special physical and/or emotional concerns?

YES NO

If so, please provide a brief explanation

Briefly describe any special extra-curricular interest, hobby, talent, or aptitude possessed by this student.

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Language Abilities

List all languages spoken by the student

If the student speaks more than one language, please answer the following questions.

What language does the student speak at home? _____

What language does the father use to speak to the student? _____

What language does the mother use to speak to the student? _____

What language do siblings use to speak to the student? _____

At what age was the student first exposed to English? _____

Has this student ever attended an English-based school? _____

Additional comments _____

Expectations

What expectations do you have for your child's experience at TIP?



Tsukuba International Preschool

Parent (or Legal Guardian) Agreement

1. I understand that enrollment in Tsukuba International Preschool is subject to the governing authorities of Tsukuba International Preschool who reserve the right to accept or reject any student applying for admission.
2. I understand that the personal conduct of all students must conform to the standards of the school. I recognize the right of the school to exclude, at any time, a student whose behavior or academic standing renders his/her presence undesirable in the classroom.
3. I recognize the right of the school to dismiss permanently any student whose behavior continually conflicts with the goals and guidelines of the school.
4. I recognize the right of the school to assess the grade level of each student at the beginning and the end of each academic school year.
5. Upon acceptance of my child(ren) by Tsukuba International Preschool, I hereby guarantee the payment to the school of my child(ren)'s tuition, fees, and all other due charges and expenses for the full year, unless otherwise agreed in writing prior to the child's enrollment. I understand that all fees are non-refundable.
6. I voluntarily waive any claim against the school, its governing authorities and administrators, teachers, and volunteers, in the case of any accident my child(ren) might encounter while at school, on any school outing or field trip, and during transportation to and from school by car-pool, etc.
7. If the parent(s), legal guardian(s) or other persons named on the Health Appraisal Form cannot be contacted in the event of an accident or injury to my child(ren), I hereby authorize school officials to take whatever action they deem necessary to assure the best health care for my child(ren).
8. I understand that Tsukuba International Preschool admits students of any race, color, religion, or national or ethnic origin and thereby grants to such student the rights, privileges, programs, and activities generally accorded or made available to students of the school. I further understand that Tsukuba International Preschool does not discriminate on the basis of race, color, religion, or national or ethnic origin in the administration of educational policies and procedures.
9. I understand that the school may take photographs and videos of my child(ren) to be used in various forms of media that the school produces (such as the website). I give Tsukuba International Preschool permission to use, publish and/or reproduce for any lawful and legitimate purpose excerpts from interviews and letters, images and audio recordings and any other still or moving images of my child(ren). I note that the identity of my child will not be revealed when these images are used.

Signatures

Father/
Legal Guardian

Date

Mother/
Legal Guardian

Date

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Health Appraisal

Date: _____

STUDENT

Last name

First name

Middle name

Emergency InformationIn case of
emergency
contact:

Last name

First name

Middle name

Tel (Home)

(Work)

(Mobile)

Please list the contact information for your child's regular physicians. This will assist the school in providing your child with the best care options in case of an emergency.

**Regular Doctor
(if any)**

Last name

First name

Name of Clinic

Address

Tel

**Regular Dentist
(if any)**

Last name

First name

Name of Clinic

Address

Tel

**Other Physician
(if any)**

Last name

First name

Name of Clinic

Address

Tel

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Health History

Does your child have any of the health conditions listed below?

- Allergies or adverse reactions (e.g. food or medicine) YES NO
- Hay fever, asthma, wheezing, or coughing YES NO
- Eczema or frequent skin rashes YES NO
- Convulsions/seizures YES NO
- Heart trouble YES NO
- Diabetes YES NO
- Frequent colds, sore throats, or ear infections (more than 4 per year) YES NO
- Trouble with bowel movements or passing urine YES NO
- Speech problems YES NO
- Shortness of breath YES NO
- Menstrual problems YES NO
- Dental problems (Date of last examination: month____ year ____) YES NO
- Other YES NO

Please explain any problems noted above.

Does your child take any medication regularly?

YES NO

If so, please indicate what medication and the reason for taking it.

Immunizations

Please indicate the date of the most recent immunization. Statements such as "up-to-date" will not be accepted. You may attach a copy of the most recent immunization record.

Date

- 1. Diphtheria, Pertussis, and Tetanus (DPT): first series _____
- 2. Diphtheria and Tetanus of TD Booster _____
- 3. Oral Polio (most recent) _____
- 4.A. Combined Mumps, Measles, and Rubella (MMR) *or* _____
- B. Rubeola (Red Measles) Live Virus Vaccine *and* _____
- Rubella (3-day or German Measles) *and* _____
- Mumps _____
- 5. Hepatitis B _____
- 6. TB _____
- Other (list with dates) _____
- _____
- _____



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If your child has had any of the following tests, please list the results here.

Physical Examinations, Inspections, Tests, and Measurements

Height	cm	Weight	kg
Vision Test	<input type="checkbox"/> YES <input type="checkbox"/> NO	Date:	
Results			
Urinalysis	<input type="checkbox"/> YES <input type="checkbox"/> NO	Date:	
Results			
Hemoglobin/Hematocrit	<input type="checkbox"/> YES <input type="checkbox"/> NO	Date:	
Results			
Blood Pressure	<input type="checkbox"/> YES <input type="checkbox"/> NO	Date:	
Results			
Tuberculin Test	<input type="checkbox"/> YES <input type="checkbox"/> NO	Date:	
Results	Type: _____	Pos/Neg: _____	_____ mm

Physician's Recommendations

Does the student have any visual or auditory (or other) problems that the school should accommodate (arranging seating plans, etc.)? YES NO

Should the student's activities be restricted due to any physical condition or illness? YES NO

If yes, please explain the degree of restriction.

Physician

Last name First name Degree or License

Clinic (include telephone number)

Signature

Date

Dentist's Recommendations

Does the student have any dental issues that the school should be made aware of? YES NO

If yes, please explain the issues.

Dentist

Last name First name Degree or License

Clinic (include telephone number)

Signature

Date

If I cannot be reached, I give TIP personnel permission to seek emergency treatment for my child.

Signatures

Father/
Legal Guardian

Date

Mother/
Legal Guardian

Date

Please attach a copy of the child's **current health insurance card** to this form.

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