

We Go Eigo Fuchu Gakudo Program

Student Application Form

2025-2026 School Year

Registration Date:

Student's Information:

Name:	Girl ()	Boy ()	Date of Birth: Month Day Year
School Name:	Grade:	Age:	Allergies:
Home Address:	Home Telephone Number:		
Student will commute by themselves? (check one) Yes _____ No _____		If yes, how will they commute? (check one) By Bicycle _____ By Train _____ By Bus _____ On Foot _____	
For Snack Time, my child may: (please check one) _____ bring his/her own snack _____ eat popcorn provided by WGEF _____ not have any snack			

Parents' Information:

Mother's Name:	Father's Name:
Cell Phone Number:	Cell Phone Number:
Email Address:	Email Address:
Cell Phone Email Address:	Cell Phone Email Address:

Days Attending:

Program Plan:	Please circle the days and write the times that your child will attend below (3:30pm-7:00pm):				
Daily	Mon	Tue	Wed	Thu	Fri
Monthly	Mon	Tue	Wed	Thu	Fri

For Office Use Only:

Referred To By:	Siblings:	Start Date:	End Date:
Date Registration Fee Paid: (¥10,000)		Tuition Amount: (¥2,500) Daily _____ (¥28,000) Monthly _____	
Notes:			