

入 学 願 書

学籍番号

Name(s) as shown on your passport *All in capital :ローマ字氏名 Family Name : 姓 Given Name : 名		Nationality : 国籍	Gender : 性別 <input type="checkbox"/> Male <input type="checkbox"/> Female
Name in KATAKANA : フリガナ Family Name : 姓 Given Name : 名		Date of Birth : 生年月日 年 月 日 Year Month Day	
Place of Birth : 出生地	Occupation : 職業	Marital Status : 配偶者 <input type="checkbox"/> 有 <input type="checkbox"/> 無 Married / Single	
Current Address : 現住所		Telephone number : 電話番号	



Passport No. : 旅券番号	Date of Expiry : 有効期限 年 月 日 Year Month Day	Past entries into Japan : 出入国歴			
		Times : 回数 Time(s)	Date of arrival : 入国日	Date of departure : 出国日	Visa Status : 在留資格

Past application : 過去の申請歴		
Times : 回数 Time(s)	Of these applications, the number of times of non-issuance : うち不交付となった回数 Time(s)	Application No. : 申請番号 認 P —

Guarantor's name : 保証人氏名 Family Name : 姓 Given Name : 名		Guarantor's address : 保証人住所 Telephone number :	
Relationship : 関係	Nationality : 国籍	Occupation : 職業 <input type="checkbox"/> 農業 <input type="checkbox"/> 会社員 <input type="checkbox"/> 自営業 <input type="checkbox"/> その他 () Farmer Employee Own business Others	
Name of Company : 会社名		Address of workplace : 勤務先住所 Telephone number :	

Education Record : 学歴		
Period of Study : 修学期間 年 月 ~ 年 月 Year Month ~ Year Month	Name of School : 学校名	Address of School : 所在地
年 月 ~ 年 月 Year Month ~ Year Month		
年 月 ~ 年 月 Year Month ~ Year Month		
年 月 ~ 年 月 Year Month ~ Year Month		
年 月 ~ 年 月 Year Month ~ Year Month		

Occupation Career : 職歴		
Period of Employment : 勤務期間 年 月 ~ 年 月 Year Month ~ Year Month	Name of Company : 会社名	Address of workplace : 所在地
年 月 ~ 年 月 Year Month ~ Year Month		
年 月 ~ 年 月 Year Month ~ Year Month		

学籍番号

Previous Japanese Education : 日本語学習歴	
Period of Study : 修学期間	Name of the Institution : 日本語学習機関
年 月 ~ 年 月 Year Month Year Month	
Japanes language Exam : 日本語公的試験	
<input type="checkbox"/> Pass	
<input type="checkbox"/> JLPT Level ()	<input type="checkbox"/> NAT Level ()
<input type="checkbox"/> J-test Level ()	<input type="checkbox"/> JLCT Level ()
<input type="checkbox"/> J-cert Level ()	<input type="checkbox"/> Others Exam ()
<input type="checkbox"/> None	Level ()

Specific plans after graduation : 日本語修得後の予定	
<input type="checkbox"/> 進学 Continue to study in Japan	<input type="checkbox"/> 大学院 Master / Doctorate
<input type="checkbox"/> 大学 Bachelor	<input type="checkbox"/> 帰国 Return to home country
<input type="checkbox"/> 専門学校 Technical vocational school	<input type="checkbox"/> その他 Others ()

Family : 家族			
Relationship : 続柄	Name : 氏名	Birthday : 生年月日	Occupation : 職業

I hereby declare the above statement is true and correct. (上記の通り相違ありません。)

Date 年 月 日
申請日 Year Month Day

Signature of Applicant
申請人署名

FUKUSHIMA JAPANESE SCHOOL

就学理由書

Purpose of studying Japanese

様式②
Ver.2025

Signature of Applicant

申請人署名

経費支弁書

Statement of Expense Payment

様式③
Ver.2025

日本国法務大臣 殿
To: Minister of Justice

国籍
Nationality _____
氏名
Name of Applicant _____
 男 Male 女 Female
生年月日
Date of Birth _____
年 Year 月 Month 日 Day

私は、この度上記のものが日本国に入国した場合の経費支弁者になりましたので、下記のとおり経費支弁の引き受け経緯を説明するとともに、経費支弁について誓約します。

I guarantee to finance thr entire expenses during his/her enter into Japan.

I hereby pledge that I will bear the expenses in following manner, with explanation of reasons for being his/her financial sponsor

1. 経費支弁の引受け経緯（申請者の経費支弁を引き受けた経緯及び申請者との関係について具体的に記載してください）
Reason for supporting the applicant.
(Please explain in detail the reasons for supporting the applicant, and the relationship between you and them.)

2. 経費支弁内容

The contents to pay expenses

私は、上記の者の日本国滞在について、下記のとおり経費支弁することを誓約します。また、上記の者が在留期間更新許可申請を行う際には、送金証明書等（経費支弁事実が確認できるもの）の写しを提出します。、
I hereby swear that I will forward the following amount to the applicant while they are in Japan, by the mothod stated below
(Please explain in detail the reasons for supporting the applicant, and the relationship between you and them.)
Also, I will submit any documents which proves my remittance when they renew their visa.

<input type="checkbox"/> 外国からの携行金 Carrying from abroad			円 Yen
<input type="checkbox"/> 外国からの送金 Remittance from abroad	在日経費支弁者負担額 Expenses by a guarantor in Japan.		
A 初年度学費 First year school expenses.	<input type="checkbox"/> 2年コース Two-year course	740,500	円 Yen
	<input type="checkbox"/> 1年半コース One and a half year course	730,000	円 Yen
B 生活費(月額) Living expenses (per month)			円 Yen
C 来日後の居住先 <input type="checkbox"/> 学生寮 School dormitory	<input type="checkbox"/> 在日親族宅 Family or Relative's house	220,000	円 Yen

支弁方法（送金・振込等支弁方法を具体的に記入してください）

Method of payment (Please explain the money transfer method details..)

日付
Date _____
年 Year 月 Month 日 Day

経費支弁者
Economic guarantor

住所
Address _____

氏名
Name _____ Signature

申請人との関係
Relation with an application _____

誓約書

Written Pledge

様式④
Ver.2025

福島日本語学院院長 殿

To the director of Fukushima Japanese School

私は、福島日本語学院へ入学許可になりました上は、学院の規則を守り、下記のことを誓約し、学習期間（1年半及び2年）満了まで福島日本語学院で就学することを誓います。

Now that I obtained admission into Fukushima Japanese School, I observe school regulations, and I pledge to keep following oath. I vow to study in this school till learning period (1.5year, 2years) finishes.

- ① 卒業まで本学院で就学を継続いたします。
I continue to study till graduation in this school.
- ② 途中で就学を放棄し、不法就労に走るようなことはいたしません。
I will not abandon studies and go to ill working halfway.
- ③ 所定の学習期間前に上級学校へ進学をする場合は、本学院の規定による試験の結果の判断に従います。
If I want to go to a higher grade school before graduation. I take examinations which our school sets, and I follow the judgment of the result of the test.
- ④ 就学途中で他の日本語学校への転校はできないことを承知し、他校へ移りたいときは一旦退学帰国し、改めて当該学校への在留資格取得を申請します。
I recognize students cannot transfer to another Japanese language school before graduation. If I keenly want to enter another Japanese language school, I go back home once, and I apply for the residence status for another Japanese language school.
- ⑤ 経済保証人は授業料、生活費並びに往復渡航費用については全責任を持ちます。
Guarantor bears a full responsibility for school fees, living expenses and a passage to and from Japan.
- ⑥ 他の学生の生活及び学習の妨げになるような行為はいたしません。
I do not hinder other students in their lives and studies.
- ⑦ 不測の事態が発生した時は学院の指示に従います。
When an unexpected situation occurred, I follow directions of the school.

上記に違反した場合、並びに入学願書類に虚偽の記載をした場合、及び成業の見込みがないと判断された場合御学院のいかなる措置にも従います。

If I fail to keep the above promises, if the forms submitted are not genuine and / or if you judge me unsuitable for study at the Fukushima Japanese School, I agree to abide by your decision concerning my enrolment.

申請人署名

Signature of Applicant

上記の者、御学院在学中は、学院規則を堅く守らせ本人に関する事は保証人として一切を引き受けます。

As a guarantor for the above applicant, I will supervise him/her in keeping school regulations and will be responsible for his/her life in Japan.

日 付

Date

年

Year

月

Month

日

Day

保証人署名

Signature of Guarantor

To Applicants.

HIKARI, Ltd.
Fukushima Japanese School
Chairman: Noriko Koseki
Personal information protection manager: Naoto Furukawa

Management of personal information collected in application for admission.

Fukushima Japanese School (and below our school) recognize the importance of personal information which collected in application for admission .
And based upon the contents of the notice sentences mentioned below , we manage information with scrupulous attention ,
and we endeavor appropriate management and protection

(1) Collection and use of personal information

Our school collect personal information and special care-required personal information (health examination results, etc.) to judge whether we admit an applicant to our school or not, to apply residence qualification to immigration bureau, and to manage student information after admission.

(2) Offering personal information to the third person

We do not offer personal information to the third person except for the following situations .

- ① In case laws and ordinances require us offering personal information to the third person .
- ② In case we must protect an applicant's significant profits such as life , health and property.
- ③ When we give personal information to the third person due to the following reasons.

Offering	Purpose	Personal information	Measures
Real estate agency and landlord	School dormitory entering procedure	Name, Passport copy,	FAX, To deliver personally,
Introduction company or introducer	To promote studying	Name, The school of one's choice after graduation. etc	FAX, Send by post
Japan student Services Organization and Association for the Promotion of Japanese Language Education	Scholarship application	Name, School record, etc	FAX, Send by post
Insurance company	Application for foreign student's accident insurance	Name, Address, etc	Online system, Send by post

(3) The deposition of personal information

In order to accomplish objectives of (1) (2) above, when we entrust commission traders with sending mail business, there may be a case we deposit your personal information with commission traders.

(4) Points to notice when an applicant gives us personal information

Up to whether an applicant gives our school personal information or not , and which information gives and which information does not give, we entrust all to the applicant's will . But if an applicant did not give us necessary information for entrance selection , please understand we cannot select the applicant .

(5) Inquiries about the personal information and requests

- ① Each applicant can inquire us following items in own personal information and requests .
 - a) Inquiries about the purpose of using the applicant's personal data held by our school.
 - b) Request for disclosure of applicant's personal data and third-party records held by our school.
 - c) Requests for additions, corrections or deletions in the case of errors in the personal data of applicants held by our school.
- ② In case an applicant make inquiries about above mentioned matters and requests, please contact the following address.
- ③ Our school do not return application documents such as record of qualifications and experiences which applicants handed in
Please understand it beforehand . (If an applicant wants us to return documents , please give us previous notice .)

(6) Portrait rights

Our school may use photos and movies taken in school events after admission for our advertising media.

(7) Personal information protection manager

- ① Name Naoto Furukawa
- ② Address 2F , Kuriyama BLDG. 2-39-14 Kaisei , Koriyama City Fukushima prefecture , Japan
- ③ Tel 024 -935 -2118

Personal information inquiry counter Tomokazu Koseki Tel . 024 -523 -1818 E - mail : kojim@k - hikari . com
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Consent form

I agree to a notice about management of an applicant's personal information collected in entrance application .

Address

Name of Applicant & Signature

健康診断書

様式 ㊦
Ver.2025

Certificate of Health

医師が必ず記入すること (to be filled out by physician)

氏名 _____ 男 Male 国籍 _____
Name in full _____ 女 Female Nationality _____
現住所 _____
Address: _____

1	身長 (Height)	_____	cm
	体重 (Weight)	_____	kg
	視力 (Eyesight)	裸眼 (Without glasses) / 矯正 (With glasses)	
	右 (Right)	_____ / _____	
	左 (Left)	_____ / _____	
	色神 (Color-blindness)	正常 (Normal)..... <input type="checkbox"/>	聴力 (Hearing)
		異常 (Abnormal)..... <input type="checkbox"/>	右 (Right) _____
			左 (Left) _____

2 既往歴について、ある場合はにチェックし、その罹患時の年齢を記入してください。
History of past illness:(if any, indicate it with your age of contraction.)

結核 <input type="checkbox"/> _____歳 (Age)	マラリア <input type="checkbox"/> _____歳 (Age)	リュウマチ <input type="checkbox"/> _____歳 (Age)
Tuberculosis	Malaria	Rheumatic fever
てんかん <input type="checkbox"/> _____歳 (Age)	腎疾患 <input type="checkbox"/> _____歳 (Age)	心臓疾患 <input type="checkbox"/> _____歳 (Age)
Epilepsy	Kidney diseases	Cardiac diseases
糖尿病 <input type="checkbox"/> _____歳 (Age)	アレルギー <input type="checkbox"/> _____歳 (Age)	その他の伝染病疾患 <input type="checkbox"/> _____歳 (Age)
Diabetes	Allergy	Other communicable diseases

3 現在、病気があればチェックしてください。
Present condition:(if any, please indicate.)

扁桃腺、鼻又は咽喉 ... <input type="checkbox"/>	心臓又は血管 ... <input type="checkbox"/>
Tonsils, Nose or Throat	Heart or Blood Vessels
胃又は消化器官 ... <input type="checkbox"/>	泌尿生殖器 ... <input type="checkbox"/>
Stomach or Digestive System	Genito-Urinary System
脳又は神経組織 ... <input type="checkbox"/>	血液又は内分泌器官 ... <input type="checkbox"/>
Brain or Nervous System	Blood or Endocrine System
肺又は呼吸器官 ... <input type="checkbox"/>	骨、関節又は運動器官 ... <input type="checkbox"/>
Lungs or Respiratory System	Bones, Joints or Locomotor
その他内臓器官 ... <input type="checkbox"/>	皮膚 ... <input type="checkbox"/>
Other Abdominal Organs	Skin

4 エックス線検査
Chest X-Ray examination

健康 ...
Normal

要観察 ...
to be re-checked

要医療 ...
Require medical treatment

撮影年月日 Date of examination _____

所見 _____

5 診断の結果、本人の健康状態は次の通りである。
I diagnose that the applicant's health and physical conditions are;

優..... 良..... 可..... 不可...
Excellent Good Fair Poor

6 本人の健康状態は日本留学に支障がないかどうか。
Do you think the applicant's condition is good enough for him/her to study in Japan?

可..... 不可...
Yes No

診断の結果上記の通り相違ないことを証明する。
I hereby certify the above diagnosis.

診断年月日 _____
Date: _____

署名
Physician's signature:
氏名
Physician's name:
所在地
Physician's signature: