

## 入 学 願 書

学籍番号

Name(s) as shown on your passport * All in capital :ローマ字氏名		Nationality : 国 籍	Gender : 性 別
Family Name : 姓 Givin Name : 名			<input type="checkbox"/> Male <input type="checkbox"/> Female
Name in KATAKANA : フリガナ		Date of Birth : 生 年 月 日	
Family Name : 姓 Givin Name : 名		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	

写 真  
Photo

Passport No. : 旅券番号	Date of Expiry : 有 効 期 限	Past entries into Japan : 出 入 国 歴			
	年 月 日 Year Month Day	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 Application No. : 申請番号 認 P —

Guarantor's name : 保 証 人 氏 名		Guarantor's address : 保 証 人 住 所	
Family Name : 姓 Givin Name : 名		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	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		
年 月 ～ 年 月 Year Month Year Month		

Occupation Career : 職 歴		
Period of Employment : 勤 務 期 間	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		

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			
	<input type="checkbox"/> 男 Male	<input type="checkbox"/> 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 ther 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	学生寮入居の場合 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..)

経費支弁者 Economic guarantor	日 付 Date	年 Year	月 Month	日 Day
	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

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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	年	月	日
Date		Year	Month	Day

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保証人署名  
Signature of Guarantor

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To Applicants.

HIKARI Co.,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.
  - d ) Request for suspension of use, joint use or provision to third parties of applicant's personal data 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

#### Consent form

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

Address

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Name of Applicant & Signature

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Date of Birth

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## 健康診断書

様式 ⑥  
Ver.2025

## Certificate of Health

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

氏名

Name in full

☐ 男 Male☐ 女 Female

国籍

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) .....☐異常 (Abnormal) .....☐

聴力 (Hearing)

右 (Right)

左 (Left)

2 既往歴について、ある場合は ☐ にチェックし、その罹患時の年令を記入してください。

History of past illness:(if any, indicate it with your age of contraction.)

結核 ☐ \_\_\_\_\_ 歳 (Age)

Tuberculosis

マラリア ☐ \_\_\_\_\_ 歳 (Age)

Malaria

リウマチ ☐ \_\_\_\_\_ 歳 (Age)

Rheumatic fever

てんかん ☐ \_\_\_\_\_ 歳 (Age)

Epilepsy

腎疾患 ☐ \_\_\_\_\_ 歳 (Age)

Kidney diseases

心臓疾患 ☐ \_\_\_\_\_ 歳 (Age)

Cardiac diseases

糖尿病 ☐ \_\_\_\_\_ 歳 (Age)

Diabetes

アレルギー ☐ \_\_\_\_\_ 歳 (Age)

Allergy

その他の伝染病疾患 ☐ \_\_\_\_\_ 歳 (Age)

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 ...☐

Tonsils, Nose or Throat

心臓又は血管 ...☐

Heart or Blood Vessels

胃又は消化器官 ...☐

Stomach or Digestive System

泌尿生殖器 ...☐

Genito-Urinary System

脳又は神経組織 ...☐

Brain or Nervous System

血液又は内分泌器官 ...☐

Blood or Endocrine System

肺又は呼吸器官 ...☐

Lungs or Respiratory System

骨、関節又は運動器官 ...☐

Bones, Joints or Locomotor

その他内臓器官 ...☐

Other Abdominal Organs

皮膚 ...☐

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.....☐

Yes

不可...☐

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: