

入 学 願 書

学籍番号

Student Name (last / first) : 氏名 Name in English (Capital letter) : 英字大文字		Nationality : 国籍	Gender : 性別 <input type="checkbox"/> Male <input type="checkbox"/> Female	
Name in KATAKANA : フリガナ		Date of Birth : 生年月日 年 月 日 Year Month Day		Age : 年齢
Place of Birth : 出生地	Occupation : 職業	Marital Status : 配偶者 <input type="checkbox"/> 有 <input type="checkbox"/> 無 Married / Single	Child : 子 <input type="checkbox"/> 有 <input type="checkbox"/> 無 Yes / No	
Current Address : 本国住所		TEL : 電話番号		



Passport No. : 旅券番号	Valid Until : 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	Purpose of stay : 在留目的

Guarantor's name (last / first) : 保証人氏名	Relationship : 関係	Nationality : 国籍	Occupation : 職業
Guarantor's address : 住所 TEL :		Name of Company : 会社名 Address : TEL :	

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 Company : 所在地 TEL:
年 月 ~ 年 月 Year Month Year Month		TEL:

Previous Japanese Education : 日本語学習歴		Hour of Attendance	Total Lesson Hours
Period of Study : 修学期間 年 月 ~ 年 月 Year Month Year Month	Name of the Institution : 日本語学習機関	出席時数	総学習予定時間
		時間 Hours	時間 Hours

Japanese Language Exam : 日本語公の試験						
<input type="checkbox"/> Pass	<input type="checkbox"/> JLPT	<input type="checkbox"/> NAT	<input type="checkbox"/> J-test	<input type="checkbox"/> TOP-J	<input type="checkbox"/> J-cert	<input type="checkbox"/> PJC
	Level ( )	Level ( )	Level ( )	Level ( )	Level ( )	Level ( )
<input type="checkbox"/> None						

Purpose of studying Japanese : 就学理由

Specific Plans After Graduation : 日本語修得後の予定

- 進学  
Continue to study in Japan
- 大学院  
Graduate course
- 大学  
Undergraduate course
- 専門学校  
Technical vocational school
- 帰国  
Return home
- その他  
Others ( )

Family : 家族

Relationship : 続柄	Name (last / first) : 氏名	Birthday : 生年月日	Address : 居住地	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  
申請日

年 月 日  
Year Month Day

Signature of Applicant  
申請人署名

# 経費支弁書

## Statement of Expense Payment

様式②  
Ver.2023

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 the entire expenses during his/her entry 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 method 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 prove 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	697,500 円 Yen
	<input type="checkbox"/> 1年半コース One and a half year course	692,000 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..)

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③  
Ver.2023

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, 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 : kojink@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

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Name of Applicant & Signature

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# 健康診断書

様式 ⑤  
Ver.2023

## 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: \_\_\_\_\_

<p>1 身長 (Height) _____ cm 体重 (Weight) _____ kg</p> <p>視力 (Eyesight) 裸眼 (Without glasses) / 矯正 (With glasses) 右 (Right) _____ / _____ 左 (Left) _____ / _____</p> <p>色神 (Color-blindness) 聴力 (Hearing) 正常 (Normal) ..... <input type="checkbox"/> 右 (Right) _____ 異常 (Abnormal) ..... <input type="checkbox"/> 左 (Left) _____</p>	<p>2 既往歴について、ある場合は <input type="checkbox"/> 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.)</p> <p>結核 <input type="checkbox"/> ____歳 (Age) マラリア <input type="checkbox"/> ____歳 (Age) リウマチ <input type="checkbox"/> ____歳 (Age) Tuberculosis Malaria Rheumatic fever</p> <p>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</p> <p>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</p>
<p>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.)</p> <p>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</p> <p>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</p> <p>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</p> <p>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</p> <p>その他内臓器官 ... <input type="checkbox"/> 皮膚 ... <input type="checkbox"/> Other Abdominal Organs Skin</p>	<p>4 エックス線検査 Chest X-Ray examination</p> <p>健康 ... <input type="checkbox"/> Normal</p> <p>要観察 ... <input type="checkbox"/> to be re-checked</p> <p>要医療 ... <input type="checkbox"/> Require medical treatment</p> <p>撮影年月日 Date of examination _____</p> <p>所見 _____</p>
<p>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;</p> <p>優..... <input type="checkbox"/> 良..... <input type="checkbox"/> 可..... <input type="checkbox"/> 不可... <input type="checkbox"/> Excellent Good Fair Poor</p>	
<p>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?</p> <p>可..... <input type="checkbox"/> 不可... <input type="checkbox"/> Yes No</p>	

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 deagnosis.

診断年月日  
Date: \_\_\_\_\_

署名  
Physician's signature:

氏名  
Physician's name:

所在地  
Physician's signature: