**2021年　高校生向け夏期オンライン英語研修**

**JSA用　和文申込書**

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| --- | --- | --- | --- |
| **ふりがな** |  | **生年月日** | **年　　　月　　　日** |
| **氏　　名** |  | **学校名** |  |
| **学年** | **高校　 　　　年生** | **性別** | **男・女** |

**（現住所）**

**（※教科書等の資料送付先になるので、アパート名・号・室・気付などもれなく記入してください。）**

|  |  |
| --- | --- |
| **ふりがな** |  |
| **住所** | **〒** |
| **電話** |  |
| **E-mail** |  |

**2-WEEK ONLINE ENGLISH LANGUAGE PROGRAMME - SUMMER 2021**

サンプル

**APPLICATION FORM**

**Course Dates: Monday 2nd August – Friday 13th August 2021**

|  |
| --- |
| **Please complete electronically**  **Applications must be received by Monday 31st May 2021** |
| **PERSONAL DETAILS**  KOJI  **Surname: First** **Name:**  ISHIKAWA    Tamagawa High School  **High School name:**  **Home Address: City:**  6-1-1 Tamagawagakuen,  Machida, Tokyo、JAPAN  Tokyo  194-8610  **Post code:**  ✔  2004/ 01/ 06  **Date of Birth: Male Female**  +81-42-739-8290  **Telephone Number:**  Ishikawa.k@gmail.com  **E-mail Address:**  JSA  **Agent (if applicable)**  **I understand and accept that I will be responsible for any bank charges incurred.**  **Disability**  Please tick any box which is applicable to you:   |  |  |  |  | | --- | --- | --- | --- | | **No disability** |  | **Mental health difficulties** |  | | **Blind / partially sighted** |  | **Unseen disability (e.g. diabetes, epilepsy, asthma)** |  | | **Deaf / hearing impairment** |  | **Multiple disabilities** |  | | **Wheelchair user / mobility difficulties** |  | **Other disability** |  | | **Social / communication impairment** |  | **Dyslexia** |  |   Please indicate any special arrangements or facilities you may require:  **ENGLISH LANGUAGE LEVEL**  ✔  Pre-intermediate Intermediate Upper- Intermediate    **The programme fee will be £305. You will be emailed in June with instructions on how to pay the fees by credit card. Please note that if you decide to withdraw from the programme on/after 24th June, you will be liable to pay the full programme fee.** |

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| --- |
| **Please complete electronically**  **Applications must be received by Monday 31st May 2021** |
| **PERSONAL DETAILS**  **Surname: First** **Name:**      **High School name:**  **Home Address: City:**  **Post code:**  **Date of Birth: Male Female**  **Telephone Number:**  **E-mail Address:**  JSA  **Agent (if applicable)**  **I understand and accept that I will be responsible for any bank charges incurred.**  **Disability**  Please tick any box which is applicable to you:   |  |  |  |  | | --- | --- | --- | --- | | **No disability** |  | **Mental health difficulties** |  | | **Blind / partially sighted** |  | **Unseen disability (e.g. diabetes, epilepsy, asthma)** |  | | **Deaf / hearing impairment** |  | **Multiple disabilities** |  | | **Wheelchair user / mobility difficulties** |  | **Other disability** |  | | **Social / communication impairment** |  | **Dyslexia** |  |   Please indicate any special arrangements or facilities you may require:  **ENGLISH LANGUAGE LEVEL**  Pre-intermediate Intermediate Upper- Intermediate    **The programme fee will be £305. You will be emailed in June with instructions on how to pay the fees by credit card. Please note that if you decide to withdraw from the programme on/after 24th June, you will be liable to pay the full programme fee.** |

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