

Okinawa Christian School International Admission Application Packet

Okinawa Christian School International

Okinawa Christian School International

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Admissions Checklist for Parent/Guardian

Students's Last Name: _____ First Name: _____ Entering Grade: _____

PARENT/GUARDIAN : Please indicate completion by putting a checkmark in the appropriate boxes:

<input type="checkbox"/> Submit completed admissions application packet (1 to 8 pages) 1-8 ページまでをご提出ください
<input type="checkbox"/> Copy of child's passport or copy of child's birth certificate 生徒のパスポートのコピー
<input type="checkbox"/> Japanese health insurance card 健康保険証のコピー
<input type="checkbox"/> Official school records (current year plus the previous two years) 過去3年分の成績表
<input type="checkbox"/> Health Records 健康記録簿
<input type="checkbox"/> Immunization Records 予防接種記録
<input type="checkbox"/> Physical form (that includes a tuberculosis skin test/Xray result) ツベルクリン反応または胸部レントゲンの検査結果

I understand that...

- It is my responsibility to make sure all documents (including student records) are submitted to OCSI.
- This application will not be considered for admission until all documentation and the ¥10,000 application fee have been submitted.
- The admissions process includes an interview and possibly testing (¥10,000 fee).
- Acceptance is based on meeting requirements (for example, academic, residence, health, and financial).

If my child is accepted, I understand that he/she will be enrolled only after...

- All fees have been paid. If for current year, at least 1 tuition installment must be paid.
Delay may result in my child losing his/her space.
- I have submitted the Enrollment Checklist with the following (and delay in submission may result in my child losing his/her space):
 - Enrollment Agreement
 - Proof of residence and family relationship (provide 1 of the following):
residence certificate (juminhyo tohon) or copy of SOFA status travel order.
As appropriate, proof of guardianship.
 - Tuition and Annual Fee Payment Plan Selection (see Fee Conduct for helpful information)
 - As appropriate: Bus Application (see Bus Routes for helpful information), custody documents
- If my child is accepted but placed on a waiting list, I do not have to pay tuition and fees or submit additional documentation (see above) until my child is offered a seat in a class.

Printed parent/guardian name

Parent/guardian signature

Date (mm/dd/yy)

Printed parent/guardian name
(mm/dd/yy)

Parent/guardian signature

Date



Application for Admission

STUDENT DATA :

Student legal name: Last _____ First _____ Middle _____

Student name in Kanji (if applicable): _____ Representative's name _____

Gender: Male Female • Entering grade _____ • Date of birth (mm/dd/yy): ____ / ____ / ____

Citizenship: _____ Visa Status: _____

Desired start date (mm/yy): ____ / ____ • How long do you expect to stay in Okinawa? _____

Student will live with Father Mother Grandparent Other: _____

Future plans: Graduate from English-language high school Transfer to Japanese school in grade ____

Primary Language: _____ Other Languages spoken: _____

Mailing information:

Address: _____

State/ prefecture _____ Postal Code _____ Country _____

Residence Information:

Address: _____

State/ prefecture _____ Postal Code _____ Country _____

Representative Family Name _____ Name iN Kanji: _____

Language Information:

Father/ Male Gurdian: Primary Language: _____ Other Languages Spoken: _____

Mother/ Female Gurdian: Primary Language: _____ Other Language Spoken: _____

Student: Primary Language: _____ Other Language Spoken: _____

OFFICE USE ONLY	Application fee paid	Tuition/fees paid, enrollment documents submitted paid	Family ID _____ Student ID _____ ____ / ____ / ____ Date Completed (mm/dd/yy)
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Siblings you may wish to enroll in the future:

Name: _____ Birthday (mm/dd/yy): _____ / _____ / _____

Name: _____ Birthday (mm/dd/yy): _____ / _____ / _____

FAMILY DATA:

Relationship to Student: **Father** **Male Guardian**

Last Name: _____ First Name _____

Citizenship: _____ Visa Status: _____

SOFA Status: Yes No • Marital Status: Married Separated Divorced Single Parent

Occupation: _____ Employer Name: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Email Address: _____

Relationship to Student: **Mother** **Female Guardian**

Last Name: _____ First Name _____

Citizenship: _____ Visa Status: _____

SOFA Status: Yes No • Marital Status: Married Separated Divorced Single Parent

Occupation: _____ Employer Name: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Email Address: _____

FINANCIAL DATA:

Tuition and fee payments will be made by: Self Employer Other: _____

REASON FOR ENROLLMENT: Why would you like to enroll your child at OCSI?

PREVIOUS SCHOOL INFORMATION (most recent first)

School Name	Location	Dates attend	Grade

Has the applicant ever repeated a grade? No Yes: If yes, which grade(s) _____

Has the applicant ever been suspended? No Yes, reason: _____

Has the applicant ever been expelled? No Yes, reason: _____

STUDENT SUPPORT: Please put a checkmark in the appropriate box.

YES	No	Question
		Has the applicant ever been tested for learning disabilities?
		Has the applicant ever been tested by a speech/language therapy?
		Has the applicant ever been tested by an occupational therapist?

Current/previous involvement: Please check the appropriate box.

Academic	Therapy	Other
<input type="checkbox"/> ELL/ EAL/ ESL 英語を第2外国語として学習	<input type="checkbox"/> occupational therapy 作業療法	<input type="checkbox"/> Behavior management 行動管理
<input type="checkbox"/> Gifted 特殊能力/才能	<input type="checkbox"/> Speech/ Language therapy スピーチ・言語療法	<input type="checkbox"/> Counselling カウンセリング
<input type="checkbox"/> Remedial/ Learning support 補習/ 学習支援		<input type="checkbox"/> Has IEP/ 504 学習障害

Please explain any of the checked boxes:

GENERAL INFORMATION:

If your family regularly attends a Christian church, please list:

Church name: _____ Website _____

How did you hear about OCSI? Please check the appropriate box(es):

Friend Ad Web Church Other school Other: _____



Health Records 健康記録簿

MEDICAL HISTORY: Please put a checkmark in appropriate boxes and provide details/comments.
 病歴：該当するところに印をつけてください。

Item 病名	Details and Comments 詳細とコメント	
Asthma 喘息	<input type="checkbox"/> Yes はい <input type="checkbox"/> No いいえ	• Comment コメント:
Diabetes 糖尿病	<input type="checkbox"/> Yes はい <input type="checkbox"/> No いいえ	• Comment コメント:
Heart disease 心臓病	<input type="checkbox"/> Yes はい <input type="checkbox"/> No いいえ	• Comment コメント:
Seizures 引きつけ	<input type="checkbox"/> Yes はい <input type="checkbox"/> No いいえ	• Comment コメント:
Congenital abnormalities 先天性異常	<input type="checkbox"/> Yes はい <input type="checkbox"/> No いいえ	• Comment コメント:
Serious injuries, accidents 重度の怪我、事故	<input type="checkbox"/> Yes はい <input type="checkbox"/> No いいえ	• Comment コメント:
Eyes: Wears glasses or contacts メガネ、コンタクトレンズ	<input type="checkbox"/> Yes はい <input type="checkbox"/> No いいえ	• Comment コメント:
Limitations 制限事項	Comment コメント:	
Allergies アレルギー	Drug 薬:	
Allergies アレルギー	Food 食事:	
Allergies アレルギー	Other その他:	
Major surgery 大きな手術	<input type="checkbox"/> Yes はい <input type="checkbox"/> No いいえ	
Emotional/behavioral concerns 感情面、態度面の心配な事項	Comment コメント:	
Medical procedures or required physical assistance 医療行為、身体的補佐が必要	Comment コメント:	
Other その他	Comment コメント:	
Routine medications and reasons for giving 日常の投薬と理由	Comment コメント:	

Regular family hospital name かかりつけの病院: _____

Hospital phone 電話番号 _____

Permission to take student to hospital in emergency. Yes はい No いいえ

緊急時に生徒を病院へ連れて行くことを承諾します:

IMMUNIZATION HISTORY: Please fill in dates (mm/dd/yy) and attach

photocopy of records. 予防接種記録：下記の接種記録を記入し、記録簿のコピーを添付してください。

*For further information, please see [Health Records and Immunization Policy](#).

Required Immunizations 必須予防接種	Dates of Immunizations (mm/dd/yy) 接種日 (月/日/年)			
Diphtheria, tetanus, pertussis (DTP x 4) ジフテリア、破傷風 百日咳	1. ___/___/___	2. ___/___/___	3. ___/___/___	4. ___/___/___ 5. ___/___/___
Measlesはしか	1. ___/___/___	2. ___/___/___		
Mumpsおたふく風邪	1. ___/___/___	2. ___/___/___		
Rubella風疹	1. ___/___/___	2. ___/___/___		
Polio ポリオ	1. ___/___/___	2. ___/___/___	3. ___/___/___	4. ___/___/___
Varicella (Chicken pox) 水ぼうそう	1. ___/___/___	2. ___/___/___		

ILLNESS HISTORY: Please fill in dates (m/y) and provide comments as appropriate.

病歴：該当する箇所に記入してください。

Illness 病気	Date: m/y 日付: 月/年	Comment コメント	Illness 病気	Date: m/y 日付: 月/年	Comment コメント
Mumps おたふく風邪	___/___		Fainting 失神	___/___	
Diphtheria ジフテリア	___/___		Immune deficiency 免疫不全	___/___	
German measles 三日はしか	___/___		Tuberculosis 結核	___/___	
Measles はしか	___/___		Pneumonia 肺炎	___/___	
Other その他	___/___		Varicella (Chicken pox) 水ぼうそう	___/___	

Emergency contact information (of someone who can pick the child up) if parent/guardian is unable to be reached: 緊急連絡先: 保護者に連絡が取れない場合、お子さんをお迎えに来る事の出来る方を必ず2名ご記入ください

	Name 氏名	Relationship with student 生徒との関係	Phone 電話番号
1			
2			



Physical 健康診断書

Required for all new students and all OCSI athletic team members and is valid for one (1) year from the date of the evaluation.

新入生は受診1年以内の健康診断書を提出してください。

**Please write all responses in English if possible. 英語又はローマ字で記入してください。*

Student's Name 生徒名:			
Birth Date 生年月日:		Age 年齢:	Grade 学年:
Sex 性別:	<input type="checkbox"/> Male 男 <input type="checkbox"/> Female 女	Height 身長: [] Inches [] Cm.	
		Weight 体重: [] Lbs. [] Kilos	

I. MEDICAL	Normal	Abnormal Findings	Initial
Eyes/Ears/Nose/Throat 眼、耳、鼻、喉			
Lymph Nodes リンパ腺			
Heart 心臓			
Pulses 脈拍			
Lungs 肺			
Abdomen 腹部			
Genitalia (males only) 生殖器 (男子のみ)			
Skin 肌			
II. MUSCULOSKELETAL	Normal	Abnormal Findings	Initial
Neck 首			
Back 背中			
Shoulder/Arm 肩、腕			
Elbow/Forearm 肘、前腕			
Wrist/Hand 手首、手			
Hip/Thigh 腰、大腿部			
Knee 膝			
Leg/Ankle 足、足首			
Foot 足 (くるぶしより下の部分)			
III. CONDITIONS	Yes	No	Comments
Allergies アレルギー		/	
Medications 薬		/	
Dietary 食事		/	
Restrictions 制限		/	
Chronic Conditions 慢性状態		/	
Diabetes 糖尿病		/	
Asthma 喘息		/	

Is student fit for normal physical education? 体育の授業に参加してよいか

Cleared for physical education 参加可 Not Cleared for physical education 参加不可

Competitive athletics? 対抗競技に参加してよいか

Cleared for competitive athletics 参加可 Not cleared for competitive athletics 参加不可

TUBERCULOSIS SCREENING 結核スクリーニング *Choose one どちらか1つ

SKIN TEST/ツベルクリン反応 X-RAY/レントゲン検査

FINDINGS/RESULT 検査結果 Satisfactory/negative 陰性 Unsatisfactory/positive 陽性

REMARKS 備考 _____

DOCTOR'S NAME & SIGNATURE (Print) (or stamp) 医師名及び署名捺印 _____

NAME OF HOSPITAL/CLINIC 病院名: _____

Date of Examination 検査日: _____

Student Records Request 生徒記録簿依頼書

TO PARENT/GUARDIAN 父母/保護者のみなさんへ

- These documents should be signed and either sent to OCSI directly from the current school or given to you in a sealed envelope.
- Please complete this form and give it to the appropriate person at your child's current school.

I. PARENT/GUARDIAN COMPLETION 父母/保護者が記入してください。

1. Date of request 申込日 (mm 月/dd 日/yy 年): ____ / ____ / ____
2. Student Name 生徒氏名: _____ Grade 学年: _____
Date of birth 生年月日 (mm 月/dd 日/yy 年): ____ / ____ / ____
3. I grant permission to the proper authorities at _____
(name of school) to release official student records to Okinawa Christian School International (OCSI).
These records (sent directly to the school or given to me in a sealed envelope) include, but are not limited to, the following:
 1. Grades and transcripts/成績証明書 (current year plus the previous two years. 過去3年分)
 2. School health records/健康記録簿
 3. Psychological & Educational testing/心理/教育試験
 4. Special education records/特別教育記録簿
 5. Standardized test scores/学カテスト記録
 6. Discipline records/生活指導記録
** If the student does not have any discipline records, please send a letter stating no such records are available.*
 7. Attendance records/出欠記録簿

Parent/guardian name 父母/保護者 氏名: _____

Signature 署名 _____ My authorization for the use and disclosure of the information identified above is voluntary. I acknowledge that I may revoke this Student Records Request in writing at any time by sending such authorization to the school office with which I filed the original request form.

II. SCHOOL COMPLETION 在学していた学校へのお願い

The parent/guardian of the above-named student has submitted an application to Okinawa Christian School International (OCSI). Please send the student's school records directly to OCSI or give them to the parent/guardian in a sealed envelope; unsealed documents will not be accepted from parents.

上記に明記されている生徒の父母/保護者から沖縄クリスチャンスクールインターナショナル(OCSI)に入学申込書が提出されています。上記の生徒の書類をOCSIへ直接郵送するか、父母/保護者へ封書にて渡してください。もし、封筒に封がされていなければ無効となります。

To send documents directly to OCSI: 郵送先

Mail: 1835 Zakimi, Yomitan, Okinawa 904-0301, Japan

Email: elementaryadmissions@ocsi.org or secondaryadmissions@ocsi.org

Health Records and Immunizations Policy

Emergency information:

Parents/guardians of all students provide updated emergency information.

Physical examination:

A physical examination by a doctor is required for all new students as part of the admissions process.

Immunizations:

- All students are required to show proof of immunizations and adhere to the most current requirements regardless of age.
- **All students enrolled at OCSI are required to have the following immunizations (or provide proof indicating the dates they contracted the disease) one week before the first day of school:**

Immunization	Below 5 years	Before the start of the school year in which the student turns 7	7 years and older
DPT (diphtheria, tetanus, pertussis)	4 doses	Japan: 4 doses US: 5 doses Other countries: contact OCSI	Japan schedule: 4 doses US schedule: 5 doses Other countries: contact OCSI
Measles	1 dose	2 doses	2 doses
Mumps	1 dose	2 doses	2 doses
Rubella	1 dose	2 doses	2 doses
Polio	Japan schedule: 4 doses US schedule: 3 doses Other countries: contact OCSI	4 doses	4 doses
Varicella	Japan schedule: 2 dose US schedule: 1 dose Other countries: contact OCSI	2 doses	2 doses

Tuberculosis (TB) screening:

New students submit a satisfactory TB screening (x-ray or skin test) as part of the admissions process. Subsequently, all students must submit a satisfactory TB screening when entering grade 5 and grade 9, unless they submitted a satisfactory TB screening when entering grade 4 or grade 8.

健康記録簿、予防接種記録

緊急連絡先: 父母/保護者は「緊急連絡先」を必ず明記し、変更があった場合は報告してください。

健康診断: 新入生は入学手続きとして、必ず健康診断書を提出してください。

予防接種:

- 年齢にあった予防接種記録書類を提出してください。
- **OCSIに入学する生徒は下記の予防接種を学校が始まる1週間前までに受けていなければなりません。**

予防接種	5歳以下	生徒が7歳になる 学年開始前	7歳以上
DPT (ジフテリア,百日咳, 破傷風)	4回	日本: 4回 米国: 5回 その他: OCSIに お問合わせください	日本: 4回 米国: 5回 その他: OCSIに お問合わせください
はしか	1回	2回	2回
おたふく風邪	1回	2回	2回
風疹	1回	2回	2回
ポリオ	日本: 4回 米国: 3回 その他: OCSIに お問合わせください	4回	4回
水ぼうそう	日本: 2回 米国: 1回	2回	2回

結核スクリーニング:

新入生は結核スクリーニング（胸部レントゲン検査またはツベルクリン反応検査）結果を入学手続きの一つとしての必ず提出してください。それから、5年生、9年生の進級時に同じく結核スクリーニング結果を提出してください。（但し、入学した学年が4年生と8年生の場合を除く）