

Princeton Community Japanese Language School Reenrollment Form

Date: _____

STUDENT INFORMATION

Student Name:		Date of Birth:	
		M / F	
Enrolled Course:		Grade:	
Teacher:		Elective Math Class Yes / No	
Other Elective Class: Yes / No	If yes, class title:		
Last Day of Class:	Month:	Day:	Year:
Return Date:	Month:	Day:	Year:
Notes:			

PARENT / GUARDIAN INFORMATION

Name of Parent / Guardian:	
Address:	
Telephone: () -	Email: @

- As soon as your plans are clear, please complete this form and submit it to the PCJLS office.
- Please be sure that you have the necessary textbooks and other materials upon reenrollment. Let the PCJLS office know as soon as possible if you are missing any materials.
- Depending on enrollment, you may be wait-listed.

部 長	ディレクター	事務長	事 務	会 計	日曜事務