

家庭環境調査票  
Student Information

PCJLS : JASL 1・2・3・4

As of / /

Student (ローマ字)	姓/Family Name	名/First Name	性別/Sex	生年月日 / Date of Birth	
English			男/M	Year	Mon. Date
Japanese			女/F	20 年	月 日生
現住所				Tel. :	
Home Address	No. & Street			Cell :	
	City State Zip			E-mail :	
保護者氏名 Parents/Guardian	姓/Family Name	名/First Name	同居家族氏名 Family Members	続柄 Relation	本校在籍児童 Any PCJLS Student in Your Family
Guardian 1				Father	
Guardian 2				Mother	
					Class Grade
					Class Grade
<b>Parents' Employer/ 保護者勤務先</b>					
Employer and position					
住所				Tel. :	
Address	No. & Street			E-mail :	
	City State Zip				
<b>Student Information / 児童・生徒に関して</b>					
Place of Birth	<input type="checkbox"/> Japan <input type="checkbox"/> U.S.A.. <input type="checkbox"/> Others ( )				
Age and grade when the student moved to US	Age of				
Plan for staying here	<input type="checkbox"/> Less than 3 years <input type="checkbox"/> Less than 5 years <input type="checkbox"/> 5years more				
Any experience of living in other countries	<input type="checkbox"/> No <input type="checkbox"/> Yes (Age ~ , years country)				
<b>Name of the School / 現地校名</b>					
Present	School Name			Grade	
From September this year	School Name			Grade	
<b>Any information to share with school.</b>					
<b>Student's Language use at home</b>					
With <input type="checkbox"/> Japanese <input type="checkbox"/> Both	With <input type="checkbox"/> Japanese <input type="checkbox"/> Both		Preferred <input type="checkbox"/> Japanese <input type="checkbox"/> Both		
Parents <input type="checkbox"/> English <input type="checkbox"/> Others	Siblings <input type="checkbox"/> English <input type="checkbox"/> Others		Language to Speak <input type="checkbox"/> English <input type="checkbox"/> Others		
<b>Level of Understanding in Japanese</b>					
<input type="checkbox"/> Able to Speak, Read and Write in age appropriate Japanese			<input type="checkbox"/> Able to Speak, but difficult to read and write in age appropriate Japanese		
<input type="checkbox"/> Daily Conversation			<input type="checkbox"/> None		
<b>Any interest in teaching</b>					
Yes		<input type="checkbox"/>		No <input type="checkbox"/>	