

# Kinmon Gakuen/Golden Gate Institute

2031 Bush St. S.F., CA 94115

E-mail: [kinmonsf@hotmail.com](mailto:kinmonsf@hotmail.com) Web: [www.kinmongakuen.com](http://www.kinmongakuen.com)

Registration Form for Online Class Aug, 15, 2020 – May 15, 2020

Register for Fall 2020 and Spring 2021

Time: Saturday, 9:00 am – 12:00 am

Registration Fee \$50 Fall Tuition: \$360 Spring Tuition \$360 Zoom fee: \$15 (full year \$30)

Please choose class: The class may change depending on the number of the students enrolled.

Beginner 1  Beginner 2  Beginner 3  Intermediate  Advanced

Student's Name \_\_\_\_\_  
Last First Middle

Student's Name in Japanese \_\_\_\_\_

MALE  FEMALE Date of Birth \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Age \_\_\_\_\_ (as of August 15th, 2020)  
mm dd yyyy

Mother's Name \_\_\_\_\_ Father's Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

E-mail for Zoom Account \_\_\_\_\_

Contact E-mail (If different from above) \_\_\_\_\_

Emergency Contact:

1. Name \_\_\_\_\_ Phone \_\_\_\_\_

Student's Background:

1. What is the primary language at home?

English  Japanese  Chinese  French  Spanish  Other( )

2. Whose idea is it to attend a Japanese language school?

Parents'  Student's

3. Is this his/her first time attending a Japanese language school?

Yes  No If no, where has he/she attended before? \_\_\_\_\_

Comments and Expectation from Parents:

Signature

Date

Please mail this form and payment check to

Please make the check payable for Golden Gate Institute or Kinmon Gakuen

Kinmon Gakuen  
2031 Bush St  
San Francisco  
CA 94115

No Refund

2020 年度(2020 年秋～2021 年春) 登録用紙

The School Year of 2020 (Fall 2020 ~Spring 2021) Registration Slip

生徒名/Student Name :

1 \_\_\_\_\_ (\$50)

2 \_\_\_\_\_ (\$50)

3 \_\_\_\_\_ (\$50)

合計額/Total Amount : \$ \_\_\_\_\_

.....  
授業料/ Tuition \$360 + Zoom Fee \$15 (per semester)

please

First half

Full payment

生徒名/Student Name :

1 \_\_\_\_\_ HALF/ FULL  
(\$375)(\$750)

2.(Sibling) \_\_\_\_\_ (\$355) (\$710)

3.(Sibling) \_\_\_\_\_ (\$355) (\$710)

合計額/Total Amount : \$ \_\_\_\_\_

ご署名/Signature : \_\_\_\_\_

日付/Date : \_\_\_\_\_