

# Kinmon Gakuen/Golden Gate Institute

2031 Bush St. S.F., CA 94115

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

Registration Form for Online Class Aug, 14, 2021 – May 21, 2022

Register for Fall 2021 and Spring 2022

Time: Saturday, 9:00 am – 12:00 am

Registration Fee \$50 Fall Tuition: \$395 Spring Tuition \$395

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

**Beginning 1**  **Beginning 2**  **Intermediate**  **Pre-Advanced**  **Advanced**

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

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

**MALE**  **FEMALE** Date of Birth \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Age \_\_\_\_\_ (as of August 14th, 2021)  
mm dd yyyy

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

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

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

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

E-mail for Zoom Account \_\_\_\_\_ (g-mail preferred)

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

**Due Date: The payment must be received by Monday August 9th**

**Kinmon Gakuen  
2031 Bush St  
San Francisco  
CA 94115**

**No Refund**

**2021 年度(2021 年秋～2022 年春) 登録用紙**

**The School Year of 2021 (Fall 2021 ~Spring 2022) Registration Slip**

生徒名/Student Name :

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

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

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

合計額/Total Amount : \$ \_\_\_\_\_

**授業料/ Tuition \$395 (per semester)**

**please**

**First half**

**Full payment**

生徒名/Student Name :

1 \_\_\_\_\_ HALF/ FULL  
(\$395)(\$790)

2.(Sibling) \_\_\_\_\_ (\$375) (\$750)

3.(Sibling) \_\_\_\_\_ (\$375) (\$750)

合計額/Total Amount : \$ \_\_\_\_\_

ご署名/Signature : \_\_\_\_\_

日付/Date : \_\_\_\_\_