











**2009/2010
Osaka YMCA International School
Saturday School Schedule**





**Osaka YMCA International School Saturday School
Advances Returnee Class (ARC) Application Form**

FAX : 06-4395-1004










2009

Apr.		25		
May		9	16	30
Jun.		6	13	20 27
Jul.		4	11	18
Aug.		No School		
Sep.		5	12	19 26
Oct.		3	10	17 24 
Nov.		7	14	21 28
Dec.		5		

2010

Jan.		9	16	23 30
Feb.		6	13	 27
Mar.		6	13	

- ☆  **Events Dates**
- ☆  **Observation Dates**
- ☆  **Report Card Days**

Apr. 11	 Orientation/1st Day of School
Jun. 6	 Class Observation Day
Jul. 18	 Report Card Day
Oct. 31	 Halloween Party
	 Class Observation Day
Dec. 12	 Christmas Party
	 Report Card Day
Feb. 20	 Class Observation Day
Mar. 20	 Report Card Day/Last day of School

Date / /

Name		Date of Birth	/ /
		Gender	M · F
Address	Zip —		
	TEL : () — FAX : () —		
e-mail	@		
Current school	Grade : ()		
The period of living abroad / Experience of learning English	Period of living abroad:	Country:	
	Period of learning English:	Institution :	
Allergies	<input type="checkbox"/> Medicine () <input type="checkbox"/> Food () <input type="checkbox"/> Other ()		
Additional Information	Please let us know if there is any additional information relevant to this application that we should be aware of.		
★ Where did you hear about Osaka YMCA International School? <input type="checkbox"/> Internet <input type="checkbox"/> Friend <input type="checkbox"/> Newspaper <input type="checkbox"/> Other ()			
Name of Guardian :		Signature:	
Emergency Contact (Except Home#) : () —			
Copyright of your Child's picture : I authorize that OYIS has permission to display my child's photographs for the website and media.			
Date:		Signature :	



FAX