Japanese Class Application Form

	Date						
Name: Last name Nationality:			Family name SEX :M / F				
							Address :
Tel no	Fax no		E-mail				
Have you learned a If YES, write language				learned l	oelow.		
YES Japan	Japanese :		year(s)		month(s)		
YES	::		year(s))	month(s)		
YES	::)	month(s)		
NO							
2. Do you write and r	•	, .	·		er.		
	よむ to read			かく to write			
かんじ(kanji)	good	a bit	not at all	good	a bit	not at all	
ひらがな(hiragana)	good	a bit	not at all	good	a bit	not at all	
かたかな(katakana)	good	a bit	not at all	good	a bit	not at all	
3. What is your mother language?							
4. Where did you lear	rn or have	you learn	ed Japanese	if you did	/have?		
Your country / Japanese school / other(s)							
5. Do you prefer day class (Wed) or night class (Thu)? Day class / Night class							

6. When would you like to observe Japanese class?