

# STUDENT APPLICATION/TRANSFER FORM

TO BE COMPLETED BY INSTRUCTOR

ENROLLMENT

NEW    CHANGE OF INFO    INCOMING TRANSFER  
(enrolled within 60 days)

**CENTER NUMBER**  
Prefix      ex.: CHJOHN3#1

Month      Day      Year

**ENROLLMENT DATE**

**SUBJECT ENROLLING**

Math  
 Reading  
 Japanese

**Grade Advance Month**

July    Aug.    Sept.

OUTGOING TRANSFER

**STUDENT ID**       OUTGOING TRANSFER

Instructor Signature

Subject      Starting Point      Last Completed Level      Date

Date Transferred Out:

STUDENT INFORMATION

**STUDENT'S NAME**      Last      First      M.I.      Month      Day      Year

MALE       FEMALE      **SCHOOL YEAR**      **GRADE**

200      -      200

PK-3   PK-2   PK-1   K   1   2   3   4  
5   6   7   8   9   10   11   12   OTHER

**HOME ADDRESS**      Street Address      Apt. or Suite No.      Area Code      Home Telephone

City      State/Prov.      Zip/Postal Code      E-mail

**NAME OF SCHOOL**

TO BE COMPLETED BY PARENT  
PARENT/GUARDIAN & OTHER FAMILY

**PARENT/GUARDIAN'S NAME**      Last      First

(Mark one)  Father    Mother    Other

Address (IF different from above)      Street Address      Apt. or Suite No.      Home Telephone

City      State/Prov.      Zip/Postal Code      Other Phone (i.e. work)      Area Code

E-mail      Area Code

**PARENT/GUARDIAN'S NAME**      Last      First

(Mark one)  Father    Mother    Other

Address (IF different from above)      Street Address      Apt. or Suite No.      Home Telephone

City      State/Prov.      Zip/Postal Code      Other Phone (i.e. work)      Area Code

E-mail      Area Code

**IN CASE OF EMERGENCY**

Name/Telephone      Date      Parent/Guardian's Signature

**HOW DID YOU LEARN ABOUT KUMON?**

TV       Radio       Magazine  
 Newspaper       Yellow Pages       Website  
 Referral  
 Other, Please explain: \_\_\_\_\_

**WHY DID YOU ENROLL YOUR CHILD IN KUMON?**

Review  
 Enrichment  
 Prepare for SAT/ACT  
 Other, Please explain: \_\_\_\_\_