

**BUDDHIST CHURCH OF OAKLAND  
NIPPONGO GAKUEN  
Registration Form  
September 2018 - June 2019**

(Use the TAB key to move from field to field)

Date (MM/DD/YY):   /   /

**Student Information**

|                           |           |  |           |
|---------------------------|-----------|--|-----------|
| Student's Name            |           | School Grade (K To 12 as of September) |           |
| Address                   |           | Birthdate (MM/DD/YY)-(K to 12)         | / /       |
| City                      |           | Home Telephone                         | (   )   - |
| Zip Code                  |           | E-Mail Address                         |           |
| Father's Name (K To 12)   |           | Mother's Name (K To 12)                |           |
| Father's Cell # (K To 12) | (   )   - | Mother's Cell # (K To 12)              | (   )   - |

**Language Proficiency**

Total Number of Years of Previous Japanese Instruction:

|              | Beginner – New to Japanese |                          | Proficient               |                          | Fluent                   |
|--------------|----------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| Reading      | <input type="checkbox"/>   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Conversation | <input type="checkbox"/>   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Writing      |                            |                          |                          |                          |                          |
| Hiragana     | <input type="checkbox"/>   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Katakana     | <input type="checkbox"/>   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Kanji        | <input type="checkbox"/>   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

**Please return completed registration form:**

by e-mail to  
officebco@gmail.com

OR

to Buddhist Church of Oakland  
Attn: Gakuen  
825 Jackson Street  
Oakland, CA 94607-4796

