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| 写真Photo3cm×4cm | 与野学院入学願書Application For Admission To YONO GAKUIN | 日付Date: |  |
|  |  | 氏(Family name) | 名(Given name) |
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|  for a student visa? |  |
|  |  |
| 既往歴/持病/精神疾患Medical history/ Chronic illness/ Mental illness: |  |  if any: |  |
| e-mail: |  | .: |  |
| Skype: |  | Line: |  | 微信: |  |

学費負担者 Person responsible for your fees

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|  |  | (office) |  |

両親 Parents

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|  |   | (office) |  |
| 父Father |  |  |  |
| 母Mother |  |  |  |

日本在住の親戚、知人、友人 Relative, Friend in Japan

|  |  |  |  |  |  |
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|   |  | 勤務先名Name of company | 居住地Place of residence | 同居予定Live together |  |
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