

Fiscal year 2025 STEP-UP SCHOOL Application form

Date _____ / _____ / _____

To Chairman of Aichi Education and Sports Promotion Foundation.

I hope to join your STEP UP SCHOOL.

Address	〒 _____ - _____				
Name	_____			Sex	Male/Female
Phone number	_____		Smartphone number	_____	
Date of birth	____/____/____ Year month day	Age	____ years old	Nationality	_____
Academic Background (Name of school)	_____			Enrolled in "Night junior school" now	
				Yes • No	
◆What do you want to learn? Please circle the number. ※Multiple selections possible					
1. I would like to read s Japanese entences .					
2. I would like to learn KANJI taught in elementary schools and junior high schools.					
3. I would like to write an essay in Japanese.					
4. I would like to pass the Japanese Language Proficiency Test or the Test of Practical Japanese.					
5. Other (_____)					
◆Write down what you want to inform us, if any.					

※ Where did you find out about this school? Please circle the number.					
1. Library 2. City hall 3. Ward office 4. Home page 5. Introduction of your friend					
6. Newspaper 7. Other (_____)					

◆Please come here or mail us this Application form and a 110 yen stamped envelope with your address. (No later than May 23, 2025)

The schedule of classes.

Every class starts at 6:00 pm and ends 7:50 pm.

guidance6/3(火)	⑤ 7/10(木)	⑩ 8/19(火)	⑮ 9/25(木)	⑳ 10/28(火)	㉕ 12/ 4(木)	⑳ 1/20(火)
① 6/12(木)	⑥ 7/15(火)	⑪ 8/28(木)	⑯ 9/30(火)	㉑ 11/ 6(木)	㉖ 12/ 9(火)	⑳ 1/29(木)
② 6/17(火)	⑦ 7/24(木)	⑫ 9/ 2(火)	⑰ 10/ 9(木)	㉒ 11/11(火)	㉗ 12/18(木)	㉓ 2/ 3(火)
③ 6/26(木)	⑧ 7/29(火)	⑬ 9/11(木)	⑱ 10/14(火)	㉓ 11/20(木)	㉘ 1/ 6(火)	㉔ 2/12(木)
④ 7/ 1(火)	⑨ 8/ 7(木)	⑭ 9/16(火)	⑲ 10/23(木)	㉔ 11/25(火)	㉙ 1/15 (木)	㉕ 2/17(火)