

# Application Sheet



Little Star, Co, Ltd  
 Address: Gumizawa 1406-5 Gotenba city,  
 Shizuoka 412-0041 Japan  
 Phone: 81-550-81-3751  
 Fax:81-550-81-3755

Date                    /                    /

1	Program						
2	Program duration in weeks						
3	start date						
4	VISA	<input type="checkbox"/>	students	<input type="checkbox"/>	Working holiday	<input type="checkbox"/>	Visitor
5	Name	Last name			First name&Middle name		
6	Nationality						
7	E-mail						
8	Sex	male <input type="checkbox"/>		female <input type="checkbox"/>			
9	Birth	Year		Month		date	
10	Passport number	expired date		Year		Month                    date	
11	Passport name						
12	contact info	Address					
		Phone					
		FAX					
		Mobile phone					
13	Current occupation						
14	Accommodation <small>Please check what you wish to have</small>	<input checked="" type="checkbox"/>	sharedroom	<input type="checkbox"/>	hotel	<input type="checkbox"/>	lodging <input type="checkbox"/> apartment
15	Start date/End date(dd/mm/year)	start date	/	/	End date	/	/
16	Japanese speaking ability	<input type="checkbox"/>	Begginer	<input type="checkbox"/>	Intermidiate	<input type="checkbox"/>	advanced
17	total tuition fees	tuition fees					
		----- registation fees					
		----- materials					
		----- <b>total:</b>					

18	payment method	<input type="checkbox"/> credit card <input type="checkbox"/> bank transfer
		Card Number: _____ Bank transfer information Expiry date: _____ Little Star Co, Ltd security number: _____ A/C #0957443 Amount paid: _____ yen Gotemba Branch, The bank of Shizuoka Ltd Card holder name: _____
19	test score(if available)	
20	Other	

**Refund policy**

The following are non-refundable:

1. Registration fee
2. Tuition fee
3. Accommodation and Placement fees
4. Before the course starts: Full refund will be granted, less the non-refundable fees. (Student must submit a Refund Request form 24 hours before the course starts)
5. After the course starts: No refund or credit will be granted if the student withdraws after completing half of their contract unless there are exceptional circumstances such as a serious medical condition or immigration-related matters. Original documentation must accompany refund request form.

I declare that the information in this application is correct and accurate.

Signature \_\_\_\_\_

I have read and agreed to the refund and cancellation policy of Little Star Co, Ltd

Date      /      / \_\_\_\_\_