**STUDENT ENROLLMENT FORM**

**STUDENT INFORMATION**

Complete Name Last Name, First Name Middle Name

Date of Birth Click or tap to enter a date.

Occupation Occupation

Company Name Company Name

**CONTACT DETAILS**

Home Address Home / Mailing address

Contact Number Mobile Number

E-mail address E-mail address

**ENROLLMENT DETAILS**

Class Choose a class

Course Level Choose the Course Level you are enrolling to

Reason for studying Japanese Language Why do you want to study Nihongo?

**PAYMENT DETAILS**

Bank Banco De Oro

Branch SM Fairview

Account Name Ang Kinabukasang Iaalay Foundation Inc.

Savings Account Number 000 390 109 843

*Please attach proof of Payment on the Next Page.*

**PROOF OF PAYMENT**



**LETTER OF AGREEMENT**

I, Last Name, First Name M.I. of legal age and presently residing at

Unit No. / Street No., Place of Residence, Brgy., City, Postal Code

do hereby acknowledge and agrees of the following terms and conditions;

1. That, the E- Nihongo bought from Ang Kinabukasang Iaalay Foundation is accessible for six months, starting from the date of acquiring the username and password;
2. That, as part of my obligation as a student, my right to access the e-Nihongo may not be sold, assigned, transferred, pledged or otherwise disposed, whether voluntarily or involuntarily.
3. That, the said right to access will be forfeited without notice once such access has been granted to a third party, deliberately or otherwise.
4. That, I may only acquire the Certificate of Completion, once I passed the Final Assessment Test, given to me by AKI FOUNDATION.

In witness whereof, I have hereunto affixed my signature this 1st, 2nd, 3rd …. day of Month, Year .



Complete Name and Signature