SCHOOL VISIT FORM

Date: / /

Please submit the completed form via Email: keiony@keio.edu.
Please check one box and fill out the form. After checking the schedule, the Admissions Office will e-mal you shortly.

My requesting day is: ☐ 2nd Wednesday ☐ 4th Wednesday

Date is:_____/_____/_____

Last First

Prospective Student's Name: _____ _____

Current Grade: _____ Current School: _____

First

Parent's Name: _____ Phone: _____

Email Address: _____

Current Address: _____

Do you wish to receive information about an event at Keio or school info.session?
☐Yes Email address: _____
☐No

How did you hear about Keio Academy of NY?

_____

_____

Note:

_____

_____