申込 番号

令和6年度

Application Form for School Entry Consultation B

就学相談申込票B Kawasaki City Education Center

Date of application	Year /Month /Day	申込票受	受理日	月	Β	受付	担当者				
Hiragana		F	Relationship to the child			ld	Rehabilitation				
Applicant's Name			□Fath □Othe		□Motł	ner	)	(Ryouiku)Center			
Hiragana		Gender	Gender Date of Birth			)	□Chuuou □Seibu				
Child's Name				Year	/Mont	h /Day	/	□Hokubu □None			
	〒 (Kawasaki / Saiwai / Na	koboro	/		,		hone	4			
Address	Takatsu / Miyamae / Tar										
			Convenient Time for Phone								
	am / noon / pm / evening										
Currently Attending Place	Rehabili	vouiku) Ce	buiku) Center days/wk Te			Teacher's	Feacher's Name				
	Nursery	<sup>/</sup> Kinderga	irten		days/wk	Teacher's Name					
			Day Care days/wk								
Your Local					ve a scho your chil		Plan to ( Yes )				
Area Elementary			(Yes / No)		Please write new address						
School	Elementary			_ , ,							
Concerns about your child entering the school											
	(General class / Special support class / Not decided)										
	*If your only preference is "General class", please consult each school.										
Preffered Class											
	Please write about your thought why you prefer the class.										
How to go to			About		Diffic	ultion to	ho away	from parents			
the Educational Center	By your car / Not by your	car Co	onsultatio			-					
		Room	( Y			es / None )					
初回面接日	月日(	)午前	•午後	時よ	0	担当者					
備考											
Please write the back side.											

Child's Name									
				···· <b>、</b> ···· <i>,</i>	pm/both )				
	Please w	ease write your inconvenient days for consultation.							
Consultation Date									
	*The da	ate of consulta	tion will be d	ecided by the Ka	wasaki Education Center.				
,	,Saiwai a *Consu	nd Nakahara V	Ward. neld at Mizon	-	n Room when you live in K ion Room when you live ir				
[Agreement]									
<ol> <li>We may visit and observe your child at the Rehabilitation Center, kindergarten, etc.</li> <li>We may request test results from Rehabilitation Center, Child Consultation Center, etc.</li> <li>We may share personal information with the school your child is applying.</li> <li>If you move from Kawasaki to another city within one year, we may contact with the public office and share the consultation results with the division.</li> </ol>									
(Agree /	Disagr	ee)							
Date: Year	/	Month	/ Day						
Parent or Guardian's signature									

\*The information you provide will be used for consultation and education. It will not be used for any other purpose. \*The information you provide will be kept for 5 years, and destroyed.