Juvenile pupils’ individual sheet

School

|  |  |  |  |
| --- | --- | --- | --- |
| Heisei school yr | 1st grade　（　　 ）class　　（　　）nr | Heisei school yr | 4th grade　（　　 ）class　　（　　）nr |
| Heisei school yr | 2nd grade　（　　 ）class　　（　　）nr | Heisei school yr | 5th grade　（　　 ）class　　（　　）nr |
| Heisei school yr | 3rd grade　（　　 ）class　　（　　）nr | Heisei school yr | 6th grade　（　　 ）class　　（　　）nr |
| Name | （Original name）（M・F）（Name in Japan） | Date of birth |  |
| Nationality |  |
| Language/s |  |
| Date of arrival in Japan | Year Month Day　　  | Date of expected return to home country | Until year month ・ Indefinite |
| Religious affiliation |  | Needs to be considered because of religious affiliation, eg. food |  |
| Caretaker’s name | （M・F） | Date of arrival in Japan |  |
| Caretaker’sNationality |  |  |  |
| Address | 　〒 |
| Home phone nr | 　 | E-mail |  |
| Emergency | Name of contact person in case of emergency | Phone number contact person in case of emergency  |
|  | Work nr / Mobile phone nr |
|  Pupil to contact in case your child is absent | 1. Name
 |  Grade Class |
| 1. Name
 | Grade Class |
| Family (except pupil concerned) |
| Name | Relationship, eg.father | Company/Grade/Class | Company phone nr/mobile phone nr | Language/s |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
| Country of birth’s study record |  |
| Favorite subject/s |  | Disliked subject/s |  |
| Japanese language study record |  　　　　　Years 　　　　 months |
| Reading and writing（ please encircle pupil’s ability）・Can read hiragana　 　 ・Can read katakana　 ・Can read a few kanji・Can write katakana　 ・Can write hiragana　 ・Can write a few kanji |
| Hobbies/what are you good at? |  | FutureDreams/hopes |  |
| Personality/character | （good points）（bad points　） |
| Health condition（　Please encircle Illness had until now / Present illness　） |
| １.eye　２.ear　３.heart　４.kidney　５.liver　６.diabetes　７.urinatory　８.convulsion９.epilepsy　10.Children’s asthma　11.Allergy Rash　12.Eczema　13.Allergy（　　　　　　　）　14.Growth delay・bodily handicap・mental handicap（　　　　　　）15.Other（　　　　　　　） |
| If you have a designated doctor (GP), please write his/her details here |
| Hospital/Clinic name：TEL: | Hospital/Clinic name：TEL: |
| What you want your child’s teacher to know |  |
| Home neighborhood’s map（　please indicate your address by arrow　）NＷ　　　　　　　　　　　　　　　　　　　　　　　　　　　　　　　　　　　　　　　　　　　ＥＳ |

Please fill this form in with a pencil. This form will be handed back to you at the end of the school year, so if there are any changes, please amend it, and hand it to your child’s teacher.