				Date: Y	/M	/D
Dear Gu	ardian: Mr/Ms					
			From:	S	school Prin	ıcipal
	Notice of □E	ntrance Ceremoi	ny 🗌 Graduation	n Ceremony	y	
For	ngratulations on: the school An Entrance Cere ase ensure that you are	year, the school vemony \text{A G}	vill be holding: raduation Ceremony			
		DETA	AILS			
*	TE: Year /Mo ening time: : Please register Room). ents to arrive to school:	by this time and p	roceed to the waiting			
	NUE: School Gymna		at the staff room or a	dministratio	n.	
$\Box S$	IAT TO BRING: (For each chool Enrollment Form Commuting bag	•	e bring what's ticked) □School Bag (ra □Other (indoseru))		
Eve	HERS: ryone will need to bring ase only use designated					

Door Guero	lian: Mr/Ms				Date: `	Y /M	/D
Dear Guarc	nan. wn/wis	•••••				Sahaal D	inainal
			J			SCHOOL FI	шстра
	Notice	of \square Sc	hool Trip	□Indoor	Overnight Camp)	
	otify details of g the items that		•	Please make	necessary prepara	ations for thi	is trip
			DETA	AILS:			
1 PERIOD:	_				_		
Month	/Day	<u>y</u> () to	Month	/Day	()_
2 ACCOMM	MODATION:						
[1st Day]	Facility						
	Address						
[2nd Day]	Phone no.						
[Ziiu Day]	Facility Address						
	Phone no.						
2 MEETING	AND DISMI	SCAL TIME	SC AND L	OCATIONS:			
-	Date: Month				:		
							
					:(expected		
(4)Dismissa	al point □Sc	hool 🗆		Station			
4 XX X 4 TO TO	N DDD1G						
4 WHAT TO		1 🗆 т		. 11		TD 1	
	•				☐Toiletries ☐		
		•	_	-	gear (if necessary) ng (sweater, windl		
	noney (no more				ig (sweater, windt	neaker)	
	o more than ¥.			i icilic iliat			
⊔ынск (п	o more than 1.						
5 CLOTHIN	[G						
□Gym uni		orts, jersey -	top/botton	n) □Non-de	signated jersey (to	op & bottom	.)
□Uniform	□Free	□Hat	□Gym h	at			
6 COSTS ¥							
·	ount will be au	tomatically y	withdrawn	from your be	ink account		
□ Pay ¥		•		•	e homeroom teacl	ner	
□Pay in in		oy womm		to u	ie nomeroom teuel		
— ,							
7 OTHERS:							
	ng your medica		=				
	r your health a		-				
·Please cor	isult the home	room teacher	r if there ar	e any concer	ns about health, et	tc.	
	A TITELLE A NO			1.00.		·	
1	ATTENDANC	EE SLIP FOE de: Class:		nool Trip Lent Name:	Indoor Overnigh	t Camp	
	Orac	ic. C1a88.	Stud	CIII INAIIIE.			
			Guar	dian Name:			Seal
☐ I will a	attend \Box	I will not att	tend (Pl	ease check th	e appropriate box)	

	Date: Y	/M	/D
Dear Guardian: Mr/Ms			
From:	Sc	chool Prin	cipal
OUTDOOR STUDY NOTICE			
This is to notify the following activity. Please make necessary preparatems are checked).	ations for this	trip. (Rele	vant
DETAILS:			
1 Thy type of outdoor study to take place is as follows: □Field Trip □Work Experience □Socia □Sketching Event □Concert or Choir Contest	l Studies Field	Trip	
2 Date: Month /Day ()			
3 Location:			
(3) Finishing on Month /Day at : (6)	
5 Transportation, etc. □JR □Bus □On foot			
6 What to bring: □Bookmark □Writing material □Lunch box, drink bottle □F □Tissues □Rain gear (if necessary) □Towel □Needed □Warm Clothing (sweater, windbreaker) □Small change (no more □Picnic mat □Garbage bag □Paint set □Instrument □Snack	Medication than ¥		
7 Clothing: □Gym uniform (shirt, shorts, & jersey-top/bottom) □Non-designate □School uniform □Free □Hat □Gym hat	ed jersey (top &	& bottom)	
B Cost: $\underline{\underline{Y}}$ This amount will automatically be taken out of your bank account. Pay $\underline{\underline{Y}}$ by Month/Day to the homer Pay from the installment.	coom teacher.		
Others: *If the weather is changeable, the following applies: □Trip to commence regardless of the weather □Prepare to go to □The trip is cancelled if it rains □If it rains, the trip will be postp□We will contact you and let you know whether or not the trip will t *Please bring motion-sickness tablet with you if you are likely to get	ooned to a laterake place.		

Date: Y /M /D

Dear Guardian: Mr./Ms				
From: School Principal				
HOME VISIT NOTICE				
Home visits are for the benefit of each student's well being and development. For confidentiality reasons, home visits are conducted by the homeroom teacher.				
DETAILS:				
1 Date of Home Visit:				
Month /Day ()				
From: : to : (estimated time)				
□Student's lifestyle at home and condition at school □School needs and inquiries to homeroom teacher □No specific issues to be consulted; just confirming location of home. 3 Others: •Please be aware that appointed times are subject to slightly change. •Please fill in the slip below, tear off, and submit by Month /Day to your homeroom teacher. If you need an interpreter and know someone who can, please tell us who we can ask. □Will only be confirming the location of your home so you will not need to be at home.				
Please Cut Here				
Class Year Group Student Name:				
1 Please read and fill in the relevant information and check the appropriate box. □ Appointed time of visit is suitable. □ Appointed time is not suitable. Please change to the following date and time: <u>Month</u> /Day at :				
2 Please check the appropriate box that suits your consultation. □ Japanese □ Interpreter needed				
3 If you know someone who can interpret for you, please tell us who he/she is: Interpreter's Name: Contact Number:				

					Ι	Date: Y	/M	/D
Dear Guardiar	n: Mr/Ms							
			From:			S	School Princ	cipal
		Long Scho	ol Ho	liday N	Notice			
home or elsew	ke to notify you owhere, away from	school. Please	use thi	s time	constructive	ely and fulfi	-	
		D	ETAII	LS:				
1 Type of Hol ☐Summer	iday: Holiday □	Winter Holida	ay	□Spr	ing Holiday	1		
2 Duration of Month	Holiday: /Day	() to	o Mo	onth	/Day	· ()	
	ndance during Honts: Month	•	at_	:	(arriva	ıl time)		
□Your gra	de: Month	/Day	at	:	(arriva	l time)		
□Other	: Month	/Day	at	:	(arriva	ıl time)		
be absent	end school on the t. details, please sec				act your hor		cher if you	will
Arrive school Leave school Please bring	oliday finishes, so ol: Month ol: : g: Indoor shoe or cloth X [lth record []	/Day (estimated tines □Report Collunch box Cest results	at ne) Card [□Less	: □Writingson mat	(arrival	time) Homewo		
On weeken	rs: fy the school as so ds (Sat. & Sun.), School phone no room Teacher's n	please contact	your ho	omeroo	m teacher.			

/D

Date: Y /M

Dear Guardian: Mi	:/Ms						
		From	ı:			School Princi	pal
		PAYMI	ENT NO	TICE			
We will be colle chechked below.	ecting the monthly	fee for		(moi	nth). Relevant in	formation is	
1 Period: Month	/Day	() to	Month	/Day	()	
2 Amount: Breakdown:	Grade/Class A	hip I s rials Field Tri Trip	- ¥ - ¥ - ¥ - ¥ p (-¥ -¥ -¥		
Payment Method		mount wi		•	withdrawn from lance is availabl	-	

account.

					Date: Y	/M	/D
Dear Guardia	an: Mr/Ms						
			Fron	n:	S	School Prin	ıcipal
	Notice o	of (□Gr	ade □C	lass) Parent-Teach	er Conference	e	
			and □Cl	ass Observation			
	estyles and e	nvironmen	t (in the hor	ent, parent-teacher come and school) are dis			you
are able to at	iena. Detan	s are as ron	iows.				
			DI	ETAILS:			
1 DATE:	Month From:	-					
	□Library R	oom Sc	ience Room) □General-purpose □Home Economic the staff room or adn	s Room 🗆		1
3 Other Deta	iils:						
		wn indoor s	shoes $\square S$	lippers will be provid	led at school		
	in below an				the homeroom	teacher.	
			Please Cut	Here			
		Grade:	Class:	Student Name:			
For the [□Grade	□Class	Parent-	Teacher Conference:			
☐ I wi	ll attend.						
☐ I am	n unable to a	ttend.					
(Pl	lease check	the appropr	riate box.)				

Date: Y /M/D Dear Guardian: Mr/Ms From: School Principal Parent-Teacher Meeting Notice This is a chance for the homeroom teacher to inform the parent/guardian how the student is doing at school and at the same time, listen to how the student is doing at home. These parent-teacher meetings are held to increase support for the student and improve his/her development. Please ensure that you can attend. **DETAILS:** DATE: /Day From to LOCATION: Classroom (......Grade......Class) * If unsure of location, please enquire at the staff room or administration. Other Details: ·Please write in a suitable time below and hand in the slip by Month /Day to the homeroom teacher. Please let us know if you know someone who can interpret for you (if required). • □ Please bring your own indoor shoes □ Slippers will be provided at school ·Please understand that your requested time is subject to change. Please Cut Here Grade: Class: Student Name: Please check the appropriate box and fill in a suitable time for your meeting. ☐ I request a meeting on Month /Day from \Box The above time is not suitable. /Day I request a meeting on Month from Please check the appropriate box that suits your consultation. ☐ In Japanese ☐ Interpreter needed

If you know someone who can interpret for you, please tell us who he/she is upon his/her

permission:

			Date: Y	/M	/D
Dear Guardian: Mr/Ms					
		From:	S	School Prin	cipal
	ATHLE	TICS DAY NOTICE	2		
Athletics day will b	e held as follows	. We would like for you	to attend and enc	ourage you	ır
child in competitions and	races he/she will	partake in.			
		DETAILS:			
	mony:		Month/Da	ıy()
*School closes if	it rains.				
2 LOCATION: School G	round				
3 Other Details:					
☐ In the case of postp	onement:				
☐ Information wi	l be provided via	emails.			
☐The local repre	sentative will be	contacted.			
☐ Information wi	l be provided ove	er the community wirele	ess system.		
\Box Other					
☐When it is held as	cheduled:				
·Students to arrive by_	an	d leave at:	(estimate).		
Parents can return hor	ne with students.				
•Student's clothing:	Gym uniform	☐Gym hat			
·Parents and children	o eat their own p	acked lunch together.			
·If arriving by car, ple	ase park at the de	signated area.			

	Date: Y	/M	/D
Dear Guardian: Mr/Ms			
PTA Event Notice: PTA General Meeting PTA Workshop PTA Service Work PTA Parent-Child Activities The following PTA event will be held. Parents/guardians, please attend if you can. For preparation purposes, please notify your attendance or absence by handing in the slip below the homeroom teacher by Month /Day (). DETAILS: 1 DATE: Month /Day Prom Day Day	cipal		
	•	Activities	
For preparation purposes, please notify your attendance of	or absence by handing in the		ow to
DETAILS:			
From : to : 2 Location: □School Gym □Conference Room □	-		
· ·	fic clothing		
Please Cut Here			
Grade: Class: Stud	dent Name:		
\Box I am unable to attend.			
(Please check one of the boxes	s.)		

Date: Y /M /D

Dear Guardian: Mr/Ms				
		From:		School Principal
	Studen	t Career/Education	n Survey	
			·	
A school survey i	s being conducted. Pl	lease fill in the detail	ls below. This sur	vey will be used
For future reference. Plea	se also use this surve	y as a chance for you	u to discuss with y	our child future
options.				
Please hand this i	n to your homeroom	teacher by <u>Month</u>	/Day	<u>().</u>
Thank you.				
	Student Care	er/Education Sur	rvey	
	<u>Gr</u>	rade: Class: S	Student No.	
	Str	udent Name:		
	<u>G</u> ı	ıardian Name:		Seal
			(5	seal or sign.)
☐1 I am considering em	ployment options.			
Choice of employme	nt made: Through	n school		
	☐ Throug	h a close associate o	r family business.	
*Type or name of dea	sired employment:			
1st Preference				
2nd Preference				
3rd Preference				
				<u>_</u>
☐2 I am considering fur	ther education.			
	Name of School	Course	Major	Field
1st Preference				
2nd Preference				
3rd Preference				