2020 [Student]

Questionnaire on Home Environment

Ginowan City Futenma Daini ES

Parent complete for your child

					Gender		Relationship		Emerg	ency c	ontact	
				<u> </u>	Genaci		Р		Phone/Ho		olitact	
Name						1st		Workpla				
						contact			EL:			
	Year/Month/I)017							Phone/Ho	me:		
Date of		Jay				2nd				, me		
birth						contact		Workplace: TEL:				
	-								Mobile Phone/Home:			
	'							Workplace:				
		contact		_	TEL:							
Address		100			e Phone/Home:							
						4th				ome.		
						contact		Workpla				
								Т	EL:			
Fami	ily Member	S	1	•								
İ	Name	Relationship	Age	Occi	upation		Nama	Name Relationship Age		Occupation		
	Name	reciationship	Age	Grade	e & Class		Name			Age	Grade & Class	
Deve	lopment H	<u>istory</u>										
Prescl	hool					Outside school lessons						
Period:	From		То			Extracurricular activities						
Name of	f nursery school /	kindergai	rten			When he/she comes			① Somebody is there			
, o						back home			()			
Healt	h condition					Circle ① or ② or ③			② He/she has the house key			
Past illness/disease/allergy and duration						Name the place			③			
1 ast IIII	ast illiess/disease/aliergy and duration				Time for studying per day							
D 4	, ,1 1	, 1	1 1	1/1	1:.:							
Request	s to the classroon	n teacher	about h	ealth co	ndition	Allow						
								n the school				
						Nation			JAPAN	√ Othe	er:	
Person	nality					Reque	sts to the s	${f chool}$				
Streng	ths											
Aspect	s to be improv	red										
1	1											
Do	tail map fr	om ho	mo to	saha	001 mb	:11 l	e used for to	o o o b o m	homo r	-ii + -		
(De)OI	is will t	be used for to	eacher	nome v	isits.	. 1	
() minutes o	n 100t 11	rom scr	1001							4	