

Name		Gender		Relationship	Emergency contact		
			1st contact		Mobile Phone/Home:		
					Workplace:		
					TEL:		
Date of birth	Year/Month/Day		2nd contact		Mobile Phone/Home:		
					Workplace:		
					TEL:		
Address	〒		3rd contact		Mobile Phone/Home:		
					Workplace:		
					TEL:		
			4th contact		Mobile Phone/Home:		
					Workplace:		
					TEL:		

Family Members

Name	Relationship	Age	Occupation Grade & Class	Name	Relationship	Age	Occupation Grade & Class

Development History

Preschool	Outside school lessons	
Period: From To	Extracurricular activities	
Name of nursery school /kindergarten	When he/she comes back home	① Somebody is there ()
Health condition		Circle ① or ② or ③
Past illness/disease/allergy and duration	③Name the place	③
	Time for studying per day	minutes
Requests to the classroom teacher about health condition	Allowance	yen
	Friends in the school	
	Nationality	JAPAN · Other:
Personality	Requests to the school	
Strengths		
Aspects to be improved		

【Detail map from home to school】 This will be used for teacher home visits.

() minutes on foot from school	4
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