南波多郷学館 ㊙
Individual Student Questionnaire

Grade	Class	Number	Homeroom Teache's Name

	Student Name			〒 Imari City, Minamihatacho ( )
	Date of Birth		Male / Female	Administrative District ( )

Address

Contact Address	Home Phone		
	Emergency Contact	e.g., Father's Phone	０９０ － ０ ０ ０ ０ － ０ ０ ０ ０
		e.g., Mather's Workplace	０９５４ － ０ ０ ０ ０ － ０ ０ ０ ０
	Emergency Contact ①		
	Emergency Contact ②		
	Emergency Contact ③		
	Emergency Contact ④		

Family Members (Everyone Living Together)	Family's name	Relation ship	Remarks (Place of employment, School Name, School Year)

Place to Go After School	・Home: Someone Is (Always / Sometimes / Not Always) at Home ・Children's Club ・Others ( )

Commuting	Distance	Approx. km	Bicycle Number (Sticker Nnumber)	
	Time	Hours Minutes	Club Activities	
	Method	On Foot Bus Taxi Car Bicycle		

	Name	Day of Week	Time	Location
Cram Schools and Extracurricular Activities Outside of School				

Physical Condition	Any considerations that need to be made at school (including allergies).

A Map of the Area Around Your House	
	* When creating a simplified map, please indicate landmarks such as buildings and public facilities, as well as the route to school.

* Personal information collected will not be used for purposes other than school educational activities.