

Japanese School Life Guidebook

(Elementary and Junior High Edition)

English (英語版)



Tottori Prefectural Board of Education

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Japanese School Life Guidebook
(Elementary & Junior High Edition)
Using the Guidebook

- 1 This guidebook is available in English as well as Japanese (the original publication).
- 2 Translated guidebooks are made easy to understand without altering the original Japanese meanings. Hence, all translations are based on the original Japanese text.
- 3 The purpose of this guidebook is to provide a student's (attending compulsory education) guardian/parent with information on the conditions of school life in Tottori Prefecture.
- 4 You can print out any of the school forms in English whenever necessary. By writing in the appropriate date and ticking the relevant information, you can submit the form to your school.
- 5 This guidebook is to be used in consideration and respect to all cultures and customs.

1 Japanese School System

(1) Pre-school Education

Children under elementary school age can attend a kindergarten (*Yochien*), daycare center (*Hoikusho* or *Hoikuen*), or designated child care center. The period of attendance varies among towns, cities, and facilities.

Kindergartens are educational institutions (schools) designed to help infants and small children from 3 years, up to elementary school age develop their bodies and minds. The curriculum is based on five areas: health, interpersonal skills, environment, vocabulary, and expression.

Daycare centers look after infants and small children whose parents/guardians are not at home due to work etc. and who need to be provided with the necessary care. Unlike kindergartens, daycare centers are welfare institutions that combine child care and education for children aged 0 to 6. The child care provided there consists of nursing activities for maintenance of life and emotional stability and educational activities based on the same five areas as in kindergartens.

Designated child care centers provide comprehensive child care and educational support to children under elementary school age, regardless of whether the parents/guardians are working or not. Designated child care centers combine the functions of kindergartens and daycare centers for children aged 0 to 6.

(2) Elementary & Junior High School Education

① Children enter elementary schools (*Shougakkou*) in the April following their 6th birthday. After six years of study, children graduate from elementary school to enter junior high school (*Chuugakkou*) for a further three years of study. Both elementary and junior high schools are compulsory education.

② Elementary and junior high schools follow a standardized national system, in which every child receives the same level of education. In public schools, no tuition is required and textbooks are provided free of charge. However, some other materials need to be paid by parents/guardians.

③ After completing compulsory education and passing a school entrance examination, the child can advance on to a high school or vocational technical school. High schools have general programs, specialized programs that principally provide vocational education, and/or integrated programs that allow students to voluntarily select courses from a various selection. High school education continues for three years. High schools offer full-time schooling, evening classes and/or correspondence courses.

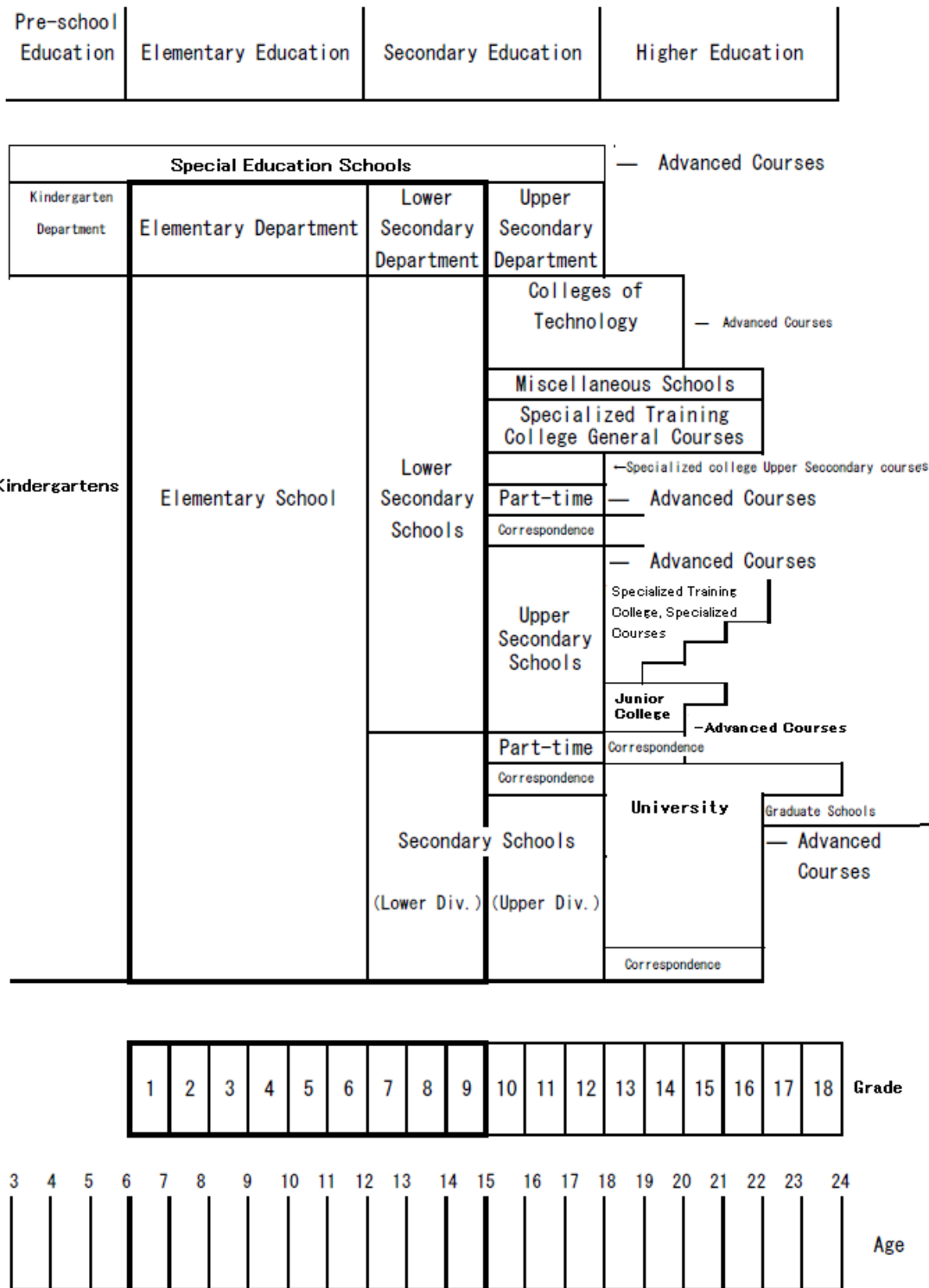
④ In order to support the independence and societal participation of children with disabilities, there are special education schools, as well as elementary and middle schools with special education programs. The schools offer education based on the needs of the children. The programs at special education schools are free of charge.

(3) Higher Education

Higher education is mainly provided at universities and colleges, offering highly specialized programs. The average university student is expected to earn his/her degree in 4 years, and a college student in 2 years. Higher levels of education are also available at graduate schools (2 to 5 years).

In addition, there are other educational institutions that offer vocational training for various professions (mainly 2 years in duration).

School Education System in Japan



Source: "Guidebook for Starting School," published by Ministry of Education, Culture, Sports, Science and Technology in April 2015.

2 Procedures for Starting School

○ Procedures for Foreign Students to Enroll in Compulsory Education

Parents/guardians need to visit the nearest city/town/village office or the office of the board of education and submit a request form for their children to attend a Japanese public school. If they wish to send their children to a private school, they need to contact the school directly and apply by themselves.

[Reference] *"Guidebook for Starting School,"* published by The Ministry of Education, Culture, Sports, Science and Technology
http://www.mext.go.jp/a_menu/shotou/clarinet/003/1320860.htm

○ After-School Children's Clubs

First to sixth grade children whose parents/guardians are not home may join the after-school children's club. This club provides a place to play and spend time in a homelike environment designed to aid children's sound development.

For further information on location, contact, application details, or services available, please contact your local city/town/village office.

3 Contents of Education

(1) Curriculum

The contents of what is to be taught at a school is stated in the curriculum guidelines set by the Department of Education, Culture, Sports, Science and Technology. Based on the guidelines, school activities fall into the following categories: (a) subjects (b) ethics (c) foreign language activities (d) comprehensive learning activities and (e) special activities.

① Subjects

The following subjects are taught in elementary schools: Japanese, Social Studies, Arithmetic, Science, Practical Studies, Music, Arts & Crafts, Home Economics, and Physical Education (PE). In Foreign Language Activities, English is usually taught.

The following subjects are taught in junior high schools: Japanese, Social Studies, Mathematics, Science, Music, Art, PE, Industrial Arts & Home Economics, and Foreign Languages.

② Ethics

Ethics classes are allocated for developing awareness and understanding of one's identity and way of living as a person in order to improve the mind, attitude, and lifestyle.

③ Foreign Language Activities

Foreign Language Activities aim to deepen students' understanding of languages and cultures through experience. By learning the sounds and basic expressions of foreign languages, the students will develop the basic foundation for active communication.

④ Comprehensive Learning Activities

Comprehensive activities are intended to go beyond the academic framework through experiencing nature, being involved in volunteer work, and other productive activities. Through acquiring real-life hands-on experience and participating in practical learning activities, students can find out how to learn and think and improve their problem-solving skills and perspectives on life.

⑤ Special Activities

Special Activities include for the following activities: class discussions, school sports day, music festivals, work-experience, etc. Through these activities, each student can develop their potential and excellence and improve on teamwork skills with friends to acquire a better attitude toward life.

(2) Other educational activities not mentioned in (1) are as follows:

○ Cleaning

Every day, at a set time, students and teachers clean the school together. In Japan, school cleaning is regarded as an important part of the education.

○ School Lunches

Schools provide school lunches from Monday through Friday. School lunches are either made inside or outside the school and eaten at lunchtime in each classroom. Preparation duties and cleaning before and after lunch is allocated to a different group of students each time. However, school lunches are not provided if there are special school events or if the city or town cannot provide this service. In such circumstances, students need to bring their own packed lunch (*bento*) to school. Lunch fees are to be paid by each parent/guardian.

○ Events

There are many events held throughout the school year such as entrance ceremonies, graduations, term-commencement and end-of-term ceremonies, some of which guardians are encouraged to come and see. Parents/guardians should make every effort to attend these events when they are asked to do so.

○ Club Activities

Students participate in Club Activities on a voluntary basis to engage in sports, culture, science, and other education.

4 Advancing to Higher Grades and Higher-Level Schools

There is no grade-skipping during compulsory education in Japan. From the time of entering school (or transfer), children progress to a higher grade each year. It is rare for children to repeat grades except in such cases as a prolonged illness or other long-term incidents. On completion of compulsory education, students normally take an entrance examination in order to enter a senior high school.

5 School Expenses

(1) Educational fees, etc.

In public elementary schools, junior high schools, and special education elementary and middle schools, textbooks and lessons are provided free of charge. Tuition and textbook fees are required at high schools and special education high schools. (However, Senior High School Tuition Aid or Scholarship Benefits for Senior High School Students may be available depending on the household income. Special education schools have financial support programs.) Private elementary and junior high schools require both tuition and textbook fees.

In addition, the following items/expenses must be paid for by parents/guardians either by cash, through direct withdrawal from a bank account, or by making a bank transfer to an account designated by the school (Details of payment methods will be provided by each school): teaching materials, school bags/shoes etc., field trips, school trips, school lunches, and PTA membership Fees.*

*When children enter school, their guardians automatically become members of the school's PTA (Parents & Teachers Association). PTA membership fee is used to support school activities and provide learning activities for guardians themselves.

(2) Financial assistance for senior high school students

Whether they attend public or private schools, senior high school

students, if qualified, may be awarded Scholarship Benefits for Senior High School Students to cover their tuition. Private senior high school students can get an additional amount, depending on the household income. Repayment is not required.

In addition, if qualified, students from low-income households may receive Senior High School Tuition Aid to assist them in paying educational fees other than their tuition, such as fees for textbooks, teaching materials and school supplies. Repayment is not required.

6 Financial Support

(1) Financial Support for Elementary & Junior High School Students

To ensure children receive education in elementary and high schools, financial support is available for parents/guardians with financial difficulties.

If you have difficulties paying for study materials, supplies, activities outside schools, school trips or lunch, please contact your school or local board of education.

This support is also available to parents/guardians with children at private schools and university-attached elementary/junior high schools.

(2) [For Your Reference] Scholarships & Tuition Discounts at High Schools and Universities/Colleges:

There are scholarship loan programs for high school or university/college students with financial difficulties. The amounts of the scholarships listed here are as of April 2016.

① Scholarship Loans offered by Tottori Prefecture (*Tottori-ken Ikuei Shougaku Shikin*): Scholarship Loan per Month

High Schools etc.	Public	Commute from home	18,000 yen
		Commute from outside home	23,000 yen
	Private	Commute from home	30,000 yen
		Commute from outside home	35,000 yen
Universities/Colleges	Public		45,000 yen
	Private		54,000 yen

* Those who wish to receive scholarship loans must apply to their respective high schools by the following deadlines: the end of April for high school scholarships; the end of August for university/college scholarships. Applicants must submit an income certificate for a high school scholarship. Both, an income certificate and a transcript of academic record, are to be submitted for a university/college scholarship.

② Type 1: Interest-Free Scholarship Loans offered by Japan Student Services Organization (JASSO): Scholarship loan per month

Technical Colleges	Public	Commute from home	21,000 yen
		Commute from outside home	22,500 yen
	Private	Commute from home	32,000 yen
		Commute from outside home	35,000 yen
Universities/Colleges	Public	Commute from home	45,000 yen
		Commute from outside home	51,000 yen
	Private	Commute from home	54,000 yen
		Commute from outside home	64,000 yen

* An optional 30,000 yen scholarship loan can be elected regardless of the above categories.

* Those who wish to receive JSSO scholarship must apply through their schools. Applicants are required to submit an income certificate and a transcript of academic record.

- Tuition exemption/discounts at private high schools
Some schools have tuition exemption programs. Please contact each school for details.

7 Major Events at School

Japanese schools start in April and end in March in the following year. The school year is usually divided into two or three terms, depending on each city/town/village.

The following is a list of the main school activities. What they are called and when they are carried out, vary from school to school.

First Term: April to July *Two-semester schools: April to September

Opening Ceremony (*Shigyou shiki*) April

Students gather to mark the start of the new school year.

Entrance Ceremony (*Nyuugaku shiki*) April

First graders are warmly welcomed in the ceremony. Students and parents/guardians usually attend the ceremony in formal attire.

Medical Check-up (*Shintai sokutei*) April to June

Students' height, weight etc. are measured in addition to a medical check by a doctor.

Field Trip (*Ensoku*)

Students go out of schools to learn the local culture, history and natural environment on a practical basis.

Class Observation (*Jugyou sankan*)

Parents/guardians visit their children's school to observe their class and see how they are doing at school.

Parent-Teacher Conferences (*Kondan kai*)

Parents/guardians exchange opinions and information with teachers. The conferences are usually held after class observations.

Home Visit (*Katei Houmon*)

The homeroom teacher visits each student's home and talks to parents/guardians.

Swimming (*Suiei*)

In summer, swimming is included in the physical education class.

Private Parent-Teacher Meeting (*Kojin Kondan Kai*)

The class teacher discusses with a parent/guardian privately on his/her child's school life.

End of Semester Ceremony (*Shuugyou Shiki*) - July

School declares the end of the first semester. Teachers give each student a report card.

Summer Holiday (*Natsu Yasumi*) - mid-July to the end of August

A long break of 30-40 days.

Second Term: September to December

*Two-semester schools: October to March. Autumn break is included just before the latter semester commences

Opening Ceremony (*Shigyo Shiki*) - September

Students gather to mark the start of the second term.

Athletics Day (*Undoukai/Taiikutaikai*)

Sports and activities are held for students to participate and cheer on classmates (such as short-distance running, relays, ball games, and dancing). Some schools also allow family members to participate in certain activities.

Evacuation Drills (*Hinan Kunren*)

Emergency drills are carried out in preparation for earthquake, fire, etc.

Music and school festivals (*Ongaku Kai, Bunka Sai, Gakushu Happyo Kai*)

Choirs, music ensembles, theaters, and art work performances or displays are presented by students.

End of Semester Ceremony (*Shuugyou Shiki*) - December

Formal announcement of the end of second term. Report cards are distributed to students.

Winter Holiday (*Fuyu Yasumi*) - end of December to beginning of January

A relatively short two-week break.

Third Term: January to March

Opening Ceremony (*Shigyou Shiki*) - January

Students gather to mark the start of the third term.

Graduation Ceremony (*Sotsugyou Shiki*) - March

Students receive a graduation certificate and are congratulated. Parents/guardians of the graduating students also attend this ceremony.

End of the Year Ceremony (*Shuuryou Shiki*) - March

This ceremony not only declares the end of the third term, but also the end of the entire school year. Report cards are distributed to students.

Spring Holiday (*Haru Yasumi*) - end of March to beginning of April

Spring holiday begins straight after the End of the Year Ceremony. When this holiday ends, students move up to the next grade. April is the month where all students commence a new school year.

[Other Major School Events for Certain Graders]:

School Trip (*Shuugaku Ryokou*)

Usually aimed for 6th-year elementary and 3rd-year junior high students. They visit places of interest, tour facilities, and experience hands-on activities.

Work Experience (*Shokuba Taiken Gakushuu*)

Aimed for 2nd year junior high students. They participate in work experience for approximately one week (away from school) in their local community (child-care centers, retail stores, firms, etc.).

Indoor Overnight Training (*Shukuhaku Kunren*)

Students stay overnight in an indoor facility and participate in group activities.

8 A Day at School

[Elementary School]

[Junior High School]

Arrive School

Arrive School

- | | |
|---|--|
| <p>(General Morning Assembly): Depending on each school, students gather monthly and listen to the school principal's talk and announcements.</p> <p>(Morning Class Assembly): Students discuss their day-to-day lifestyle in the classroom.</p> <p>(Morning reading or self-study): Some schools dedicate 10~15 minutes of morning reading, maths, or calligraphy time before lessons start.</p> | |
|---|--|

Teaching Begins

Teaching Begins

Lessons:

- Most lessons are 45 minutes long.
- 4 lessons are conducted in the morning.
- Almost all lessons are conducted and supervised under the guidance of the homeroom teacher.
- All lessons are conducted in Japanese. However, foreign languages (primarily English) are used in class during Foreign Language Activities.

Lessons:

- Most lessons are 50 minutes long.
- 4 lessons are conducted in the morning.
- Teacher for each subject differs.
- All subjects (except for the language class) are conducted in Japanese.

School Lunch

School Lunch

When school lunches are not provided, students bring their own packed lunch. Please inform homeroom teacher if you are unable to eat school lunch for health, religious, or any other reasons.

Lunch Break & Cleaning

- Some schools allocate cleaning time at the end of the day.

Lunch Break & Cleaning

Afternoon Lessons:

- Depending on the day or grade, one or two lessons are carried out in the afternoon.
- Lessons finish at different times, depending on grade and day of the week.
- Dismissal times vary as each grade and school conduct different sports and activities after school.

Afternoon Lessons:

End of School Day

End of School Day

School Clubs: Under the supervision of teachers, students engage in sports and cultural activities after school.

9 School Rules

School rules are implemented so that students can participate in group activities in a healthy, safe, and enjoyable environment. For any queries, please do not hesitate to ask a teacher or any of your school friends.

○Arrival Time & School Routes

- Please arrive at your school by (:)
- To ensure the safety of students, each school determines the safest routes to school. This is referred to as *tsuugaku ro* (school routes).
- Primary means of commuting to school is on foot. However, there are schools that provide school buses.
- At some elementary schools, students gather and commute to school in groups.
- Depending on the school, commuting by bicycle for junior high students is permissible.

○Notice of Absence

- When a student is unable to attend school, his/her guardian/parent needs to contact the school directly by (:) through either of the following ways.
TEL (-)
FAX (-)
- In addition, an absence report or his/her correspondence book needs to be submitted, which can be handed in by a neighboring student.

○School Holidays

- Schools are closed on Saturdays and Sundays and on national holidays.
- When students need to attend an event at school on a holiday, the school usually closes on a regular school day instead.
- Saturday Lessons (*doyo jugyo*) may be held on Saturday without a substitute school closure.

National Holidays

January 1 st : New Year's Day	3rd Monday of July: Marine Day
2nd Monday of Jan.: Coming of Age	August 11 th : Mountain Day
February 11 th : National Foundation	3rd Mon. of Sept.: Respect for the Aged
March 20 th : Vernal Equinox	September 23 rd : Autumnal Equinox
April 29 th : Showa Day	2nd Mon. of Oct.: Health & Sports Day
May 3 rd : Constitution Day	November 3 rd : Culture Day
May 4 th : Greenery Day	November 23 rd : Labor Thanksgiving
May 5 th : Children's Day	December 23 rd : Emperor's Birthday

* If a national holiday falls on a Sunday, Monday becomes a holiday as a substitute.

○Long Holidays

- Summer Holiday July to August
- Autumn Holiday October to October
- Winter Holiday December to January
- Spring Holiday March to April

○Temporary Deferral of School

- If a student is diagnosed with an infectious disease like influenza, measles, rubella, mumps, chickenpox, etc., he/she is required to stay at home until a doctor permits regular attendance.

○Health and Safety

- Schools carry out regular medical checkups.
- Please notify a teacher in the event of an illness or injury at school. Students can be taken to the nurse's office to receive first-aid treatment or rest.
- The compensation plan set up by the Japan Sport Council provides assistance in the event of an accident or injury at school. However, a guardian will need to pay a portion of the fees for this assistance (approx. 400 yen).

○Other Matters Relating to School Life

- During school hours, students cannot leave school grounds without a teacher's permission.
- Students need to change into indoor shoes when entering a school building. Some schools also require different shoes for entering the gymnasium.
- Please avoid bringing unnecessary money, valuables, or unnecessary belongings to school.
- Please write your name on your belongings.
- Some schools may have codes on clothing and hairstyle.

○What you'll need at school:

- Textbooks will be provided free of charge at school.
- The following school materials will need to be prepared by a guardian/parent:
 - Bag: A school bag called *radoseru*.
 - Stationary: Pencil case, eraser, ruler, pencils, red pencil, underlay sheet for writing (*shitajiki*), crayons, colored pencils, scissors, glue, etc.
 - School lunch items: Surgical mask and bag, chopsticks, chopsticks box, etc.
 - PE gear: Gym uniform, hat, gym shoes and bag.
**Gym uniform differs from school to school, please ask which one to get.*
 - Other materials: Name badge, floor cloth (*zoukin*), handkerchief, tissues, etc.

**Please ensure that your name is on your belongings.*

10 School Introduction (Elementary School)

Welcome to _____ Elementary School. To commence your study at this school, you will need to be aware of the following. (Relevant information is either circled or checked.)

(1) Arriving at and Leaving School

① Arriving at School

- Every morning, you will meet your commuting group at a designated place and time to arrive at school together.
 - Your commuting group is
 - Meeting time is at:.....am
 - Meeting place is at
 - Your group leader is
 - You will be contacted later in regards to your group.
- Students to find their own means of commuting to school.
 - Please arrive at school by:.....am.
- Students to take the school bus to school.

② Leaving School

- Every day, you will go home on your own.
- From to, you will go home on your own. On, you will go home with your group.
 - * Each school's finishing time varies. Please check your school timetable and schedule.
- You will commute home by the school bus.

③ To ensure the safety of students, you will need to travel on the designated commuting routes.

(2) Appointed Class & Teacher

Your class is Grade (*nen*) Class (*kumi*).

Your homeroom teacher is

(3) What to Wear & Bring

① What to wear

- a. Clothing: Free School Uniform Designated Commuting Uniform
 - Students to wear a Safety Belt (light reflector) when leaving school.
- b. Wear a name badge. You can buy the name badge at
- c. Physical Education (PE) Clothing:
 - School Gym Suit (Jersey [top & bottom] Short-sleeved shirt & shorts
 - Hat [.....color] Gym shoes Sports shoes)
 - There is no designated PE uniform
 - (You can use your previous school's PE uniform.)
- d. Indoor Shoes
 - Indoor shoes: Free Designated school shoes
- e. Swimsuit
 - Swimming lessons start in around June.
 - You will need a swimsuit (Designated Free) and a swimming cap (Designated Free).

- f. Uniform, Gym Suit, Indoor Shoes, Gym Shoes, Swimsuit, and Swimming Cap, can be purchased at the following store.

Store Name	Telephone

②Things to Bring to School

- a. Please place all your school materials in your school bag (Designated School Satchel [*randoseru*] Free).
- b. Textbooks are provided free of charge at school.
- c. Your homeroom teacher will inform you which notebooks to get.
- d. Other materials you will need are as follows (**A** Things to prepare at home & **B** Things to purchase at school and pay at a later date).

A	B	Item Name	A	B	Item Name
<input type="checkbox"/>	<input type="checkbox"/>	Memo Book Case	<input type="checkbox"/>	<input type="checkbox"/>	Fire Protection Hood
<input type="checkbox"/>	<input type="checkbox"/>	Correspondence Book	<input type="checkbox"/>	<input type="checkbox"/>	Drawer Box
<input type="checkbox"/>	<input type="checkbox"/>	Pencil (5 pencils of HB or 2B)	<input type="checkbox"/>	<input type="checkbox"/>	Floor Cloth ()
<input type="checkbox"/>	<input type="checkbox"/>	Colored Pencils	<input type="checkbox"/>	<input type="checkbox"/>	Traiangular Bandage
<input type="checkbox"/>	<input type="checkbox"/>	Pastel Crayons 20col. (no <i>Koopii</i>)	<input type="checkbox"/>	<input type="checkbox"/>	Lunch Cap
<input type="checkbox"/>	<input type="checkbox"/>	Eraser	<input type="checkbox"/>	<input type="checkbox"/>	Chopsticks
<input type="checkbox"/>	<input type="checkbox"/>	Pencil Case	<input type="checkbox"/>	<input type="checkbox"/>	Chopsticks Box
<input type="checkbox"/>	<input type="checkbox"/>	Underlay Sheet for Writing (<i>shitajiki</i>)	<input type="checkbox"/>	<input type="checkbox"/>	Chopstick Bag
<input type="checkbox"/>	<input type="checkbox"/>	Scissors	<input type="checkbox"/>	<input type="checkbox"/>	Surgical Mask
<input type="checkbox"/>	<input type="checkbox"/>	Glue	<input type="checkbox"/>	<input type="checkbox"/>	Mask Bag
<input type="checkbox"/>	<input type="checkbox"/>	Blank Notebook	<input type="checkbox"/>	<input type="checkbox"/>	Toothbrush
<input type="checkbox"/>	<input type="checkbox"/>	Ruler	<input type="checkbox"/>	<input type="checkbox"/>	Cup
<input type="checkbox"/>	<input type="checkbox"/>	Paint Set	<input type="checkbox"/>	<input type="checkbox"/>	Cup Bag
<input type="checkbox"/>	<input type="checkbox"/>	Calligraphy Set	<input type="checkbox"/>	<input type="checkbox"/>	Gym Suit Bag
<input type="checkbox"/>	<input type="checkbox"/>	Arithmetic Set (exercises)	<input type="checkbox"/>	<input type="checkbox"/>	Craft Work Bag
<input type="checkbox"/>	<input type="checkbox"/>	Sewing Kit	<input type="checkbox"/>	<input type="checkbox"/>	Bath Towel
<input type="checkbox"/>	<input type="checkbox"/>	Clay & Clay Board	<input type="checkbox"/>	<input type="checkbox"/>	Thermos
<input type="checkbox"/>	<input type="checkbox"/>	Carving Knife	<input type="checkbox"/>	<input type="checkbox"/>	Shoe Bag
<input type="checkbox"/>	<input type="checkbox"/>	Keyboard (<i>kenban</i>) Harmonica	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	Recorder (music instrument)	<input type="checkbox"/>	<input type="checkbox"/>	

* Please write your name on your belongings.

* Do not bring money, valuables, or any unnecessary belongings to school (such as watches, video games, cellular phones, comics, magazines, cards, board games, sweets, and).

(4) School Lunch

School lunch is provided from Monday to Friday.

You will need: Chopsticks Spoon Toothbrush Surgical mask Mask bag Cup Cup container Toiletries bag

The cost will be _____yen per month.

Please pay the fee by cash.

The fee will be automatically withdrawn from your bank account.

** Please inform your homeroom teacher if you are unable to eat certain foods due to allergies or religious reasons.*

(5) School Cleaning

School cleaning is carried out every day by students.

Floor cloths are used and collected: Beginning of a school year

Beginning of the _____term

(6) Payment of School Fees

You will be notified separately of each component of the total school fee. (e.g. teaching materials, class activities, school lunches, PTA membership, etc.)

(7) Documents you need to submit

Family Household Details Form (*Katei Kankyou Hyou*)

Emergency Contact Card: In the event of an accident or illness, it is important that the school can contact the parent/guardian without delay. Please ensure that contactable numbers are written correctly. Please mark in the insurance column only if the student is insured.

Automatic Withdrawal Request Form:

Please fill in the Automatic Withdrawal Form if you wish to authorize school payments through automatic transfers.

(8) Elementary Education

The following list illustrates the elementary school curriculum:

1st & 2nd Grade:

Japanese, Arithmetic, Practical Studies, PE, Music, Arts & Crafts, Ethics, and Class Activities.

3rd Grade:

Japanese, Arithmetic, Social Studies, Science, PE, Music, Arts & Crafts, Ethics, Classroom Activities, and Comprehensive Learning Time.

4th Grade:

Japanese, Arithmetic, Social Studies, Science, PE, Music, Arts & Crafts, Ethics, Class Activities, Club, Student Council & Committee Activities, and Comprehensive Learning Time.

5th & 6th Grade:

Japanese, Arithmetic, Social Studies, Science, PE, Music, Arts & Crafts, Home Economics, Ethics, Foreign Language Activities, Class Activities, Club, Student Council & Committee Activities, and Comprehensive Learning Time.

** Club is not a subject, but a period where all students participate in sports, music, cooking, or other enjoyable activities.*

** Kanji practice, arithmetic questions, and reading aloud textbooks, are common homework exercises given almost every day. Please encourage these learning activities at home.*

(9) School Timetable

School day starts at:.....am and finishes at:.....pm.
Each period is 45 minutes long.

Times			Content
:	to	:	Morning Assembly
:	to	:	<input type="checkbox"/> Cleaning
:	to	:	1st Period
:	to	:	2nd Period
:	to	:	Break
:	to	:	3rd Period
:	to	:	4th Period
:	to	:	Lunch
:	to	:	Break
:	to	:	<input type="checkbox"/> Cleaning
:	to	:	5th Period
:	to	:	6th Period
:	to	:	<input type="checkbox"/> Cleaning
:	to	:	End of Day Meeting
:	to	:	Leave School

(10) Class Schedule

Class schedule depends on which grade and class the student is in.

	Monday	Tuesday	Wednesday	Thursday	Friday
1st Period					
2nd Period					
3rd Period					
4th Period					
5th Period					
6th Period					

- ①Japanese ②Arithmetic ③Social Studies ④Science ⑤Practical Studies
 ⑥Home Econ. ⑦PE ⑧Music ⑨Arts & Crafts ⑩Ethics ⑪Foreign Languages Activities
 ⑫Calligraphy ⑬Class Activities ⑭Club ⑮Committee ⑯Grade & Class Activity
 ⑰Assembly ⑱(Comprehensive Learning Time)

(11) Notifying the School

- Absence, late arrivals, and early dismissals:

Please be sure to notify the school in the morning before school starts if your child is unable to attend school, is going to be late, or needs to leave early.

[How to notify]

- Hand in the "Absence, Late Arrival, or Early Dismissal Form"
- Telephone or fax the school.

○ Carefully read all notices and forms handed at school. Please do not hesitate to ask the homeroom teacher if you are unsure of anything.

11 School Introduction (Junior High School)

Welcome to Junior High School. To commence your study at this school, you will need to be aware of the following. (Relevant information is either circled or checked).

(1) Arriving at School

- The arrival time (throughout the year) is:.....am.
- From the month of to, arrival time is at:..... am.
- From the month of to, arrival time is at:.....am.

* *Students to commute to school on their own. Please ensure that you arrive before the first lesson commences (.....:.....am).*

(2) Commuting to School

- Please commute by: Foot Bicycle School bus
- There are designated commuting routes. Please use them and safely commute to school.
- If you commute by bicycle, you will need to wear:
 - Helmet Safety Belt (light reflector)
 - Helmet: is provided by the school.
 - Costsyen. The school can subsidizeyen.
 - Please purchase it yourself. It will cost yen.
 - Safety Sash: Will be provided by the school.
 - Costsyen. The school can subsidize yen.
 - Please purchase it yourself. It will cost yen.

(3) Leaving School

Finishing times vary, depending on the season. Please check the school timetable and schedule.

(4) Appointed Class & Teacher

Your class number is Grade (*nen*) Class (*kumi*).
Your homeroom teacher is

(5) What to Wear & Bring

- ① What to wear
 - a. Clothing: Designated or School Uniform Free
 - b. Wear a name badge. You can purchase it at
 - c. Physical Education Clothing:
 - School Designated: Top & Pants Shirt & Shorts Gym Shoes
 - Sports Shoes
 - Non-specific (you can wear your elementary or previous uniform).
 - d. Indoor Shoes:
 - Indoor shoes are: Designated Free

e. Commuting Shoes

- Specified: PE shoes Plain (White) Designated
Free

f. Swimsuit

- Swimming lessons start in around June.
You will need a swimsuit (Designated Free) and a swimming cap
Designated Free).

- g. Standard Uniform, PE Uniform, Indoor Shoes, Gym Shoes,
Swimsuit and Swimming Cap can be purchased at the following store.

Store Name	Telephone

②Things to Bring

- a. Please place your school materials in your school bag
Designated Free).
- b. Textbooks are provided free of charge at school.
- c. Your homeroom teacher will inform you which notebooks to get.
- d. Necessary materials are checked below, however, subject teachers will notify you later if other materials are needed.

(A: Things to prepare at home & B: Things to purchase at school and pay later)

A	B	Item Name	A	B	Item Name
<input type="checkbox"/>	<input type="checkbox"/>	Memo Book Case	<input type="checkbox"/>	<input type="checkbox"/>	Lunch Bag
<input type="checkbox"/>	<input type="checkbox"/>	Correspondence Book	<input type="checkbox"/>	<input type="checkbox"/>	Triangular Bandage
<input type="checkbox"/>	<input type="checkbox"/>	Pencils	<input type="checkbox"/>	<input type="checkbox"/>	Lunch Cap
<input type="checkbox"/>	<input type="checkbox"/>	Colored Pencils	<input type="checkbox"/>	<input type="checkbox"/>	Chopsticks
<input type="checkbox"/>	<input type="checkbox"/>	Eraser	<input type="checkbox"/>	<input type="checkbox"/>	Chopstick Box
<input type="checkbox"/>	<input type="checkbox"/>	Pencil Case	<input type="checkbox"/>	<input type="checkbox"/>	Chopstick Bag
<input type="checkbox"/>	<input type="checkbox"/>	Underlay Sheet (<i>shitajiki</i>)	<input type="checkbox"/>	<input type="checkbox"/>	Surgical Mask
<input type="checkbox"/>	<input type="checkbox"/>	Scissors	<input type="checkbox"/>	<input type="checkbox"/>	Mask Bag
<input type="checkbox"/>	<input type="checkbox"/>	Glue	<input type="checkbox"/>	<input type="checkbox"/>	Toothbrush
<input type="checkbox"/>	<input type="checkbox"/>	Paint Set	<input type="checkbox"/>	<input type="checkbox"/>	Toothpaste
<input type="checkbox"/>	<input type="checkbox"/>	Calligraphy Set	<input type="checkbox"/>	<input type="checkbox"/>	Cup
<input type="checkbox"/>	<input type="checkbox"/>	Sewing Kit	<input type="checkbox"/>	<input type="checkbox"/>	Cup Bag
<input type="checkbox"/>	<input type="checkbox"/>	Carving Knife	<input type="checkbox"/>	<input type="checkbox"/>	Gym Suit Bag
<input type="checkbox"/>	<input type="checkbox"/>	Recorder (music instrument)	<input type="checkbox"/>	<input type="checkbox"/>	Floor cloth ()
<input type="checkbox"/>	<input type="checkbox"/>	()	<input type="checkbox"/>	<input type="checkbox"/>	()

* Please write your name on your belongings.

* Do not bring money, valuables, or any unnecessary belongings to school (such as watch, video games, cellular phone, comics, magazines, cards, board games, sweets, and).

(6) Lunch

- Please bring your own packed lunch (*bento*) to school everyday.
- School lunch is prepared at school from Monday to Friday.
- Please bring: Chopsticks Spoon Toothbrush Surgical Mask Mask Bag
- Cup Cup Bag Bag

The fee will be _____ yen per month.

- Please pay the fee by cash.
- The fee will be automatically withdrawn from your account.

Please inform your homeroom teacher if you are unable to eat certain foods due to food allergies or religious reasons.

(7) School Cleaning

School cleaning is carried out every day by students.

- Floor cloths are used and collected: Beginning of a school year
 Beginning of the _____ term

(8) Payment of School Fees

You will be notified separately of each component of the total school fee (e.g. teaching materials, class activities, school lunches, PTA membership, etc.).

(9) Documents You Need to Submit:

- Family Household Details Form (*Katei Kankyou Hyou*)
- Emergency Contact Card: In the event of an accident or illness, it is important that the school can contact the parent/guardian without delay. Please ensure that contactable numbers are written correctly. Please mark in the insurance column only if the student is insured.
- Automatic Withdrawal Request Form:

Please fill in the Automatic Withdrawal Form if you wish to authorize school payments through automatic transfers.

(10) School Timetable

School day starts at _____:_____am and finishes at _____:_____pm.
 Each period is 50 minutes long.

Times			Content
:	to	:	Morning Assembly
:	to	:	<input type="checkbox"/> Cleaning
:	to	:	1st Period
:	to	:	2nd Period
:	to	:	3rd Period
:	to	:	4th Period
:	to	:	Lunch
:	to	:	Break
:	to	:	<input type="checkbox"/> Cleaning
:	to	:	5th Period
:	to	:	6th Period
:	to	:	<input type="checkbox"/> Cleaning
:	to	:	End of Day Meeting
:	to	:	Leave School

(11) Subjects and Class Schedule

- ①Japanese ②Social Studies ③Mathematics ④Science ⑤Music ⑥Art ⑦PE
 ⑧Industrial Arts & Home Economics ⑨Foreign Languages ⑩Ethics ⑪Classroom
 Activities ⑫Student Council Activities ⑬Grade & Class Activities
 ⑭Assembly ⑮.....(Comprehensive Learning Time)

○Weekly Class Schedule (differs according to grade and class)

	Monday	Tuesday	Wednesday	Thursday	Friday
1st Period					
2nd Period					
3rd Period					
4th Period					
5th Period					
6th Period					

○Chart showing distribution of study hours per week:

Subject Grade	Japanese①	Social Studies②	Mathematics③	Science④	Music⑤	Art⑥	PE⑦	Home Eco. ⑧	Indust. Arts & Foreign Languages⑨	Ethics⑩	Class Act.⑪	Comp. Learning⑫	Total
First													
Second													
Third													

(12) What School Life Involves

There are fundamental policies in relation to lifestyle, as well as school rules to maintain students' mutual respect of human rights and uphold an enjoyable and enriching environment for all students. For details, please check:

Student's Handbook Enrollment Guide Book Attached Sheet

(13) Notifying the School

○Absence, late arrivals, and early dismissals:

Please notify the school if your child is unable to attend school, is going to be late, or needs to leave early.

[How to notify]

- Hand in the "Absence, Late Arrival, or Early Dismissal" form.
- Telephone or fax the school.

○Carefully read all notices and forms handed at school. Please do not hesitate to ask your homeroom teacher if you are unsure of anything.

12 School Clubs - Signing Up (for Junior High)**(1) What are School Clubs?**

- ① School clubs are activities carried out after school as a part of school education.
- Finishing times vary, depending on seasons and events.
 - Students may sometimes need to attend on weekends (Sat. & Sun.) and public holidays.
 - For permission of absence, please contact the teacher in charge.
- ② Club supervisors are teachers from school.

(2) Signing Up for a Club

- All students need to sign up for a club.
- Joining a club is optional (not compulsory).

(3) School Clubs are as follows (Available clubs are checked):

Club Name	Male	Fem.	Both	Club Name	Male	Fem.	Both	Club Name	Both
Baseball	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Soccer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Wind-instrument	<input type="checkbox"/>
Track & Field	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Tennis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Art	<input type="checkbox"/>
Swimming	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Soft Tennis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Science	<input type="checkbox"/>
Apparatus Gym.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Basketball	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	English	<input type="checkbox"/>
Rhythmic Gym.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Volleyball	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Journalism	<input type="checkbox"/>
Table Tennis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Handball	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Theatre	<input type="checkbox"/>
Kendo	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Hockey	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Broadcasting	<input type="checkbox"/>
Judo	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Badminton	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	IT	<input type="checkbox"/>
Jap. Archery	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Rowing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Comm. Services	<input type="checkbox"/>
Sumo	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Canoeing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Home Econ.	<input type="checkbox"/>
Softball	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	()	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Calligraphy	<input type="checkbox"/>

(4) Procedures that Follow Your Decision:

- ① Each club holds information sessions at the beginning of the school year.
- ② During a given period of time, students can observe all school clubs.
- ③ A trial period is allowed.
- ④ When a final decision is made, the Club Entry Form needs to be submitted.

SCHOOL CLUB ENTRY FORM

I request to join the _____ Club.

Grade: _____ Class: _____ Student Name: _____

Parent/Guardian Name: _____ (Seal or Sign.)

* Please hand this form to the teacher in charge by (Month) (Day)

13 Family Household Details Form (*Katei Kankyou Hyou*)

This form is to help teachers understand students well and guide effectively. We would be grateful if you could fill in the necessary details. Our teaching team will take the greatest care in storing your personal data. Please try to fill in either in *Romaji* (Roman alphabets) or Japanese (*hiragana* is acceptable).

Student Name		Nationality
Sex	<input type="checkbox"/> Male <input type="checkbox"/> Female	Language Spoken
Date of Birth	Year / Month / Day	
Current Address	〒() TEL:	
Guardian Name Relation ()		Language Spoken
Emergency Contact	(Not necessary if same as above.) TEL:	
Guardian Name Relation ()		Language Spoken
Emergency Contact	(Not necessary if same as above.) TEL:	
Home Country School & Grade	School Name	Last Grade

Level of conversational Japanese: Please check where applicable.

	Cannot Speak	Can Speak a Little	Can Speak Well
Student	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Father	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mother	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Guardian (if not parent)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Writing style request for school notices: Please tick appropriate box.

	Japanese (with <i>hiragana</i>)	<i>Romaji</i>	Others ()
Student	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Father	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mother	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Guardian (if not parent)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Ability of writing Japanese Hiragana: Please tick appropriate level.

	Can Write Well	Can Write a Little	Cannot Write
Student	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Father	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mother	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Guardian (if not parent)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If applicable, please write the name and contact number of an acquaintance who can interpret for you in parent-teacher meetings subsequent to their permission.

Name:	Contact Number (Tel):
-------	-----------------------

Entry to Japan: Year / Month / Day

Departing*: Year / Month / Day

** Please write only if your departure date is certain.*

14 Various Forms

Absence·Late Arrival·Early Dismissal

On(Month)(Day)

Will be absent

Will be late (will be present from:.....)

Early Dismissal (to be dismissed at:.....)

Reason: Illness Injury Doctor's Appointment Family Reasons

Others

Details: ()

Grade: Class:

Student Name:

Guardian Name:

(seal or signature)

PE Exemption Form (*Kengaku Todoke*)

On(Month).....(Day), I am unable to participate in Physical Education due to the following reason.

Reason: Illness Injury Others

Details: ()

Grade: Class:

Student Name:

Guardian Name:

(seal or signature)

Date: Y /M /D

Dear Guardian: Mr/Ms

From: School Principal

Notice of Entrance Ceremony Graduation Ceremony

Congratulations on: Your Entrance Your Graduation

For the _____ school year, the school will be holding:

An Entrance Ceremony A Graduation Ceremony.

Please ensure that you are able to come and attend.

DETAILS

1 DATE: Year / Month / Day

Opening time: _____ :

* _____ : _____ Please register by this time and proceed to the waiting room
(..... Room).

Students to arrive to school: As usual By:.....

2 VENUE: School Gymnasium

* If you are unsure of the location, please inquire at the staff room or administration.

3 WHAT TO BRING: (For entrance only. Please bring what's ticked)

School Enrollment Form Indoor Shoes School Bag (*randoseru*)

Commuting bag Extra Bag Other ()

4 OTHERS:

Everyone will need to bring their own indoor shoes.

Please only use designated car parks for parking.

Date: Y /M /D

Dear Guardian: Mr/Ms

From: School Principal

Notice of School Trip Indoor Overnight Camp

This is to notify details of the following activity. Please make necessary preparations for this trip (please bring the items that are checked).

DETAILS:

1 PERIOD:

Month /Day () to Month /Day ()

2 ACCOMMODATION:

[1st Day]	Facility	
	Address	
	Phone no.	
[2nd Day]	Facility	
	Address	
	Phone no.	

3 MEETING AND DISMISSAL TIMES AND LOCATIONS:

(1) Meeting Date: Month /Day at :

(2) Meeting point: School Station

(3) Finishing time: Month /Day at : (expected time)

(4) Dismissal point School Station

4 WHAT TO BRING:

- Bookmark Writing material Lunch box, water bottle Toiletries Towel
 Handkerchief Tissues Change of clothes Rain gear (if necessary)
 Necessary medication Garbage bag Warm clothing (sweater, windbreaker)
 Pocket money (no more than ¥.....) Picnic mat
 Snack (no more than ¥.....)

5 CLOTHING

- Gym uniform (shirt, shorts, jersey - top/bottom) Non-designated jersey (top & bottom)
 Uniform Free Hat Gym hat

6 COSTS ¥

- This amount will be automatically withdrawn from your bank account.
 Pay ¥ by Month...../Day..... to the homeroom teacher.
 Pay in installments.

7 OTHERS:

- Please bring your medication (if necessary).
- Look after your health and be physically fit.
- Please consult the homeroom teacher if there are any concerns about health, etc.

ATTENDANCE SLIP FOR: School Trip Indoor Overnight Camp

Grade:	Class:	Student Name:	
Guardian Name:			Seal

- I will attend I will not attend (Please check the appropriate box)

Date: Y /M /D

Dear Guardian: Mr/Ms

From:..... School Principal

OUTDOOR STUDY NOTICE

This is to notify the following activity. Please make necessary preparations for this trip. (Relevant items are checked).

DETAILS:

1 Thy type of outdoor study to take place is as follows:

- Field Trip Work Experience Social Studies Field Trip
 Sketching Event Concert or Choir Contest

2 Date: Month / Day ()

3 Location: _____

4 Meeting & Finishing Point & Times:

- (1) Meeting on Month / Day at _____ : _____
 (2) Meeting Point School Station Venue
 (3) Finishing on Month / Day at _____ : _____ (expected time)
 (4) Finishing Point School Station Venue

5 Transportation, etc.

- JR Bus On foot

6 What to bring:

- Bookmark Writing material Lunch box, drink bottle Handkerchief
 Tissues Rain gear (if necessary) Towel Needed Medication
 Warm Clothing (sweater, windbreaker) Small change (no more than ¥.....)
 Picnic mat Garbage bag Paint set Instrument Snack (up to ¥.....)

7 Clothing:

- Gym uniform (shirt, shorts, & jersey-top/bottom) Non-designated jersey (top & bottom)
 School uniform Free Hat Gym hat

8 Cost: ¥ _____

- This amount will automatically be taken out of your bank account.
 Pay ¥ _____ by Month...../Day..... to the homeroom teacher.
 Pay from the installment.

9 Others:

*If the weather is changeable, the following applies:

- Trip to commence regardless of the weather Prepare to go to class and to go outside
 The trip is cancelled if it rains If it rains, the trip will be postponed to a later date.
 We will contact you and let you know whether or not the trip will take place.

*Please bring motion-sickness tablet with you if you are likely to get car sick.

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)

2 Content of Consultation:

- 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:
Month /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:.....

Date: Y /M /D

Dear Guardian: Mr/Ms

From: School Principal

Long School Holiday Notice

We would like to notify you of the coming school holiday. You will need to spend this period at home or elsewhere, away from school. Please use this time constructively and fulfill your family role meaningfully and enjoyably. Relevant information is checked below.

DETAILS:

1 Type of Holiday:

Summer Holiday Winter Holiday Spring Holiday

2 Duration of Holiday:

Month /Day () to Month /Day ()

3 School Attendance during Holiday:

All students: Month /Day at : (arrival time)

Your grade: Month /Day at : (arrival time)

Other : Month /Day at : (arrival time)

*Please attend school on the specified days above. Contact your homeroom teacher if you will be absent.

*For more details, please see Events Calendar School Club Timetable

4 When the holiday finishes, school commences as normal on the following date:

Arrive school: Month /Day at : (arrival time)

Leave school: : (estimated time)

Please bring: Indoor shoes Report Card Writing material Homework
 Floor cloth X Lunch box Lesson materials School lunch items
 Health record Test results
 Other

5 Other Matters:

Please notify the school as soon as possible if you become ill or are involved in an accident.

On weekends (Sat. & Sun.), please contact your homeroom teacher.

School phone number:

Homeroom Teacher's number.:

Date: Y /M /D

Dear Guardian: Mr/Ms

From: School Principal

PAYMENT NOTICE

We will be collecting the monthly fee for (month). Relevant information is checked below.

1 Period: Month /Day () to Month /Day ()

2 Amount: Yen (total amount to be paid)

Breakdown: Grade/Class Activities - ¥.....
 PTA membership - ¥.....
 School lunch - ¥.....
 School Council - ¥.....
 Club Activities - ¥.....
 Teaching materials - ¥.....
 Field trip (.....) - ¥.....
 Social Studies Field Trip (.....) - ¥.....
 Nature School Trip - ¥.....
 School Trip - ¥.....
 Health Checkup - ¥.....
 Practical Training - ¥.....

Payment Method Please pay by cash.

The above amount will be automatically withdrawn from your account.

Please check in advance that the correct balance is available in your account.

Date: Y /M /D

Dear Guardian: Mr/Ms

From:School Principal

Notice of (Grade Class) Parent-Teacher Conference
and Class Observation

For the benefit of students' healthy development, parent-teacher conferences are held where students' lifestyles and environment (in the home and school) are discussed. Please ensure that you are able to attend. Details are as follows:

DETAILS:

1 DATE: Month /Day ()
From : to :

2 Location: Classroom (.....Grade.....Class) General-purpose Hall Conference Room
Library Room Science Room Home Economics Room

* If unsure of location, please enquire at the staff room or administration.

3 Other Details:

Please bring your own indoor shoes Slippers will be provided at school

Please fill in below and hand in by Month /Day to the homeroom teacher.

Please Cut Here

Grade:	Class:	Student Name:
--------	--------	---------------

For the Grade Class Parent-Teacher Conference:

I will attend.

I am unable to attend.

(Please check the appropriate 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:

- 1 DATE: Month /Day ()
From : to :
- 2 LOCATION: Classroom (.....Grade.....Class)
- * If unsure of location, please enquire at the staff room or administration.
- 3 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:
---------------	---------------

- 1 Please check the appropriate box and fill in a suitable time for your meeting.
- I request a meeting on Month /Day from :
- The above time is not suitable.
- I request a meeting on Month /Day from :
- 2 Please check the appropriate box that suits your consultation.
- In Japanese
- Interpreter needed
- 3 If you know someone who can interpret for you, please tell us who he/she is upon his/her permission:
- Interpreter's Name:
- Interpreter's Contact Number:

Date: Y /M /D

Dear Guardian: Mr/Ms

From: School Principal

ATHLETICS DAY NOTICE

Athletics day will be held as follows. We would like for you to attend and encourage your child in competitions and races he/she will partake in.

DETAILS:

1 DATE: Month /Day () Substitute Date: Month...../Day.....()

Opening Ceremony: :

Closing Ceremony: : (estimated time)

*School closes if it rains.

2 LOCATION: School Ground

3 Other Details:

In the case of postponement:

Information will be provided via emails.

The local representative will be contacted.

Information will be provided over the community wireless system.

Other

When it is held as scheduled:

• Students to arrive by _____ : _____ and leave at _____ : _____ (estimate).

Parents can return home with students.

• Student's clothing: Gym uniform Gym hat

• Parents and children to eat their own packed lunch together.

• If arriving by car, please park at the designated area.

Date: Y /M /D

Dear Guardian: Mr/Ms.....

From: School Principal

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 to the homeroom teacher by Month /Day ().

DETAILS:

1 DATE: Month /Day
 From : to :

2 Location: School Gym Conference Room Activity Hall
 School playground

3 Content:

4 What to Wear and Bring:
Work clothing Sports clothing No specific clothing
.....

Please Cut Here

Grade: Class:	Student Name:
------------------	---------------

For this PTA Event: I will attend.

 I am unable to attend.

(Please check one of the boxes.)

Date: Y /M /D

Dear Guardian: Mr/Ms

From: School Principal

_____ Student Career/Education Survey

A school survey is being conducted. Please fill in the details below. This survey will be used for future reference. Please also use this survey as a chance for you to discuss with your child future options.

Please hand this in to your homeroom teacher by Month _____ /Day _____ (_____).

Thank you.

.....

Student Career/Education Survey

Grade: _____ Class: _____ Student No. _____

Student Name: _____

Guardian Name: _____ Seal _____

(seal or sign.)

1 I am considering employment options.

Choice of employment made: Through school

Through a close associate or family business.

*Type or name of desired employment:

1st Preference	
2nd Preference	
3rd Preference	

2 I am considering further education.

	Name of School	Course	Major	Field
1st Preference				
2nd Preference				
3rd Preference				

Japan Sport Council Accident Mutual Benefit Plan

〇〇〇Board of Education

Congratulations on your child's entrance.

The 〇〇〇Board of Education has entered a mutual benefit plan with the Japan Sport Council (hereafter "the Council") in order to protect your child in the event of an accident while at 〇〇〇〇 〇〇School.

The Council's Accident Mutual Benefit Plan provides financial support for medical expenses or grievances incurred in the event that your child is injured or involved in an accident while under the school's supervision. In accordance with the terms of agreement, a name list of enrolled students will be submitted to the Council. Enrollment is optional. For parents who wish to enroll, please fill out the consent form below and submit it to the school principal.

The process of entering the Accident Mutual Benefit Plan is conducted through an internet system. The system will maintain all personal information confidential and secure.

The terms and content of the benefit plan have been drafted according to the Japan Sport Council Law (hereafter "Council Law") and are based upon Japanese government and ministerial ordinances, and other circular notices. The terms of the agreement are subject to revision. The main terms as of January 1, 2012 are described below.

1. Compensation Types and Content

(Standards for benefits are based upon Article 3 of the "Council Law" Enforcement Ordinance)

Type of Accident	Scope of Accident	Amount of Compensation
Injury	If the injury occurs while under the school's supervision, and the cost of medical care exceeds 5,000 yen.	Medical Expenses ●40% of costs for medical treatment (equivalent to medical insurance), 10% of which will cover additional expenses that will be incurred along with medical treatment. However, if you are eligible for high cost medical care, 10% of the costs to be paid on your own will be additionally covered. (There is a limit in compensation according to your income.) ●If there is a standard rate for meals during hospitalized care, that amount will be additionally covered.
Illness	If the illness occurs while under the school's supervision, the cost of medical care exceeds 5,000 yen, and the illness is stipulated in the ordinance of the Ministry of Education, Culture, Sports, Science and Technology. ・Food poisoning from school lunch ・Poisoning by gas ・Heatstroke ・Near drowning ・Illness due to swallowing a foreign object ・Inflammation of skin due to lacquers, etc. ・Illness due to exterior sanitation ・Illness due to injury	
Disability	Disabilities resulting from an injury or illness which occurs while under the school's supervision.	Disability Grievance Compensation 37,700,000 yen to 820,000 yen (half for accidents during commute)
Death	Death resulting from an accident caused while under the school's supervision, or death resulting directly from an illness caused by the school.	Grievance Compensation for Death 28,000,000 yen (14,000,000 yen for accidents during commute)
	Sudden Death	Sudden death caused by physical activity.
		Sudden death unrelated to physical activity.
		Grievance Compensation for Death 28,000,000 yen (half for accidents during commute)
		Grievance Compensation for Death 14,000,000 yen (same for accidents during commute)

(*Grievance Compensation covers expenses that were incurred after 2005)

The following specifies the circumstances described by the term, "under the school's supervision"

- ① During class hours (or during supervision at a daycare, etc.)
- ② Extracurricular instruction in accordance with the school's educational program
- ③ Recess and other designated school times
- ④ Commute to school/facility according to usual route and method.
- ⑤ While at a boarding lodge, dormitory, etc.

2. Compensation Standards

- ① Compensation for the medical treatment of injuries and illnesses resulting from a single accident shall be provided for a maximum period of ten years from the first medical consultation.
- ② If you do not make any claims for two years after the occurrence of the illness/injury, you will lose your right to claim compensation.
- ③ If you receive benefits or compensation from other sources (such as a Local Public Entity Child Medical Care Assistance Plan, or a Single Parent Family Medical Care Assistance Plan), this benefit plan will not cover the expenses covered by the other sources.
- ④ Children from households receiving financial support from the Daily Life Protection Law who suffer an accident while attending a daycare or the like, or a school for compulsory education, are not eligible for medical cost compensation from this plan.
- ⑤ If a high school student or student at a specialized high school voluntarily commits a crime and/or voluntarily causes a self-injury resulting in illness or death, this plan will not provide compensation for any medical costs, or any disability or death related expenses.
- ⑥ If a high school student or student at a specialized high school voluntarily commits a grave error that results in injury, illness, or death, there is a possibility that this plan will not cover the accident benefits regarding related disabilities or death.

* The above outlines the Japan Sport Council Accident Mutual Benefit Plan.

3. Compensation Premium (Annual Fees)

Parent Guardian Contribution: _____yen
 (○○○Board of Education Contribution: _____yen)

----- CUT HERE -----

Consent Form

To ○○○ Board of Education,

School Name: _____ (Department: _____)
 Grade: _____ Name: _____

By enrolling my child in the Accident Mutual Benefit Plan drafted by the Japan Sport Council in conjunction with the Board of Education, I agree to the above terms and stipulations.

Date: _____

Name of Parent/ Guardian: _____ Seal _____

[Confidential] Health Questionnaire

Elementary School			ES Gr. 1: Class No.	ES Gr. 4: Class No.	JH Gr.1: Class No.
Junior High School			ES Gr. 2: Class No.	ES Gr. 5: Class No.	JH Gr. 2: Class No.
Name			ES Gr. 3: Class No.	ES Gr.6: Class No.	JH Gr. 3: Class No.
Date of Birth: Year /Month /Date			Name of Parent/Guardian		
Address			TEL		

Emergency Contact Number *Tick the contact convenient for you.
If you would like to change your contact information, please contact us.

① Contact to [<input type="checkbox"/> Office (Name:) Name (Relation) Name)/ <input type="checkbox"/> Home/ <input type="checkbox"/> Mobile] of the person below. TEL: Mobile Phone:
② Contact to [<input type="checkbox"/> Office (Name:) Name (Relation) Name)/ <input type="checkbox"/> Home/ <input type="checkbox"/> Mobile] of the person below. TEL: Mobile Phone:
<Revision> Contact to [<input type="checkbox"/> Office (Name:) Name (Relation) Name)/ <input type="checkbox"/> Home/ <input type="checkbox"/> Mobile] of the person below. TEL: Mobile Phone:

Family Clinics

Physician/Pediatrician	Surgeon/Orthopedist	Dentist
Tel	Tel	Tel

Present Conditions and Medical History (If applicable, draw a circle in the box and if not, check the box.)

	Condition	ES 1	ES 2	ES 3	ES 4	ES 5	ES 6	JH 1	JH 2	JH 3
1	Feeling ill recently.									
2	Having frequent diarrhea.									
3	Having frequent constipation.									
4	Having frequent stomach/abdominal pain.									
5	Sometimes having joint pain.									
6	Having frequent headaches.									
7	Taking anticonvulsant drugs.									
8	Having atopic dermatitis.									
9	Having allergic rhinitis.									
10	Having allergic conjunctivitis.									
11	Can't wake up in the morning unless woken up.									
12	Waking up feeling unwell and difficult to get up in the morning.									
13	Being very picky about food.									
14	Seldom having breakfast.									
15	Having frequent feelings of motion sickness.									
Girls	Having menstrual pain. First menstruation:(ES/JH Gr.: Month:)									

Please write any food allergies or side effects from drugs that your child has experienced, if applicable.

Name of Food	Age	Symptoms	Name of Drug	Age	Symptoms

Name

- If your child has suffered/is suffering from any of the diseases below, please write down the details.

Disease Name	Age	Disease Name	Age	Disease Name	Age	Disease Name	Age
Measles		Rubella		Chicken Pox		Mumps	
Disease Name	Age	Cured	Under treatment	Other disease that required surgery/hospitalization			
Renal Disease		<input type="checkbox"/>	<input type="checkbox"/>	Disease Name ()			
Heart Disease		<input type="checkbox"/>	<input type="checkbox"/>	Period of Surgery/Hospitalization			
Kawasaki Disease		<input type="checkbox"/>	<input type="checkbox"/>	Year /Month to Year /Month			
Asthma		<input type="checkbox"/>	<input type="checkbox"/>	Other disease that required surgery/hospitalization			
Febrile Convulsion		<input type="checkbox"/>	<input type="checkbox"/>	Disease Name ()			
Otitis Media		<input type="checkbox"/>	<input type="checkbox"/>	Period of Surgery/Hospitalization			
		<input type="checkbox"/>	<input type="checkbox"/>	Year /Month to Year /Month			

- Vaccination Record (Please be sure to fill in the correct information, referring to your Mother-Child Handbook, etc.)

Vaccination Name		Vaccination Date			Vaccination Name		Vaccination Date		
BCG		Y	/M	/D	Polio	1 st dose	Y	/M	/D
Diphtheria, Pertussis and Tetanus (DPT)	1 st dose 1 st period	Y	/M	/D		2 nd dose	Y	/M	/D
	2 nd dose 1 st period	Y	/M	/D		3 rd dose (of killed vaccine)	Y	/M	/D
	3 rd dose 1 st period	Y	/M	/D		Additional Dose (of killed vaccine)	Y	/M	/D
	Additional dose 1 st period	Y	/M	/D	Japanese encephalitis	1 st dose 1 st period	Y	/M	/D
Measles-Rubella (MR) 1 st period	Y	/M	/D	2 nd dose 1 st period		Y	/M	/D	
Measles-Rubella (MR) 2 nd period	Y	/M	/D	Additional dose 1 st period		Y	/M	/D	

- Communication between Home and School (Please write down detailed conditions on diseases/injuries under treatment, if any. If none, draw a circle ○ in the "None" box)

Grade	Normal Temp.	None	Message
Example	36.5°C	(○ if none)	He visits **** Hospital twice a month for asthma and takes drugs every day. He has no exercise limitation other than when attacks occur. He has food allergies to ****. He reacts to even a little bit of **** juice, so please don't let him drink any. He is often irritated and feels uneasy. An Accident Continuation Report has been submitted for his bone fracture.
ES 1			
ES 2			
ES 3			
ES 4			
ES 5			
ES 6			
JH 1			
JH 2			
JH 3			

Date: Y /M /D

Dear Parents/Guardians,

Principal

Medical Checkup Notice

The school will administer a medical checkup that has been designed to both promote the health of all students and to provide them with a happier, healthier educational experience. Your cooperation is greatly appreciated.

1. Types of Examination and Date (A check appears in all relevant boxes.)

No.	Checkup	Date				Grade
		Month	Day	Day of Week	Time	
<input type="checkbox"/> 1	Internal Checkup					
<input type="checkbox"/> 2	Body Measurement					
<input type="checkbox"/> 3	Dental Checkup					
<input type="checkbox"/> 4	Eye Checkup					
<input type="checkbox"/> 5	Ear, Nose & Throat					
<input type="checkbox"/> 6	Hearing Checkup					
<input type="checkbox"/> 7	Eyesight Checkup					
<input type="checkbox"/> 8	Urine Test					
<input type="checkbox"/> 9	Electrocardiogram					

2. Preparation for the Checkups

For the Internal Checkup and Body Measurement

*On the day before, be sure that your child takes a bath and his nails are clipped.

*Make sure your child is wearing clothes that he can take off and put on by himself.

*Write your child's name on his clothes and underwear.

For Dental Checkup

*After breakfast, make sure your child brushes his/her teeth.

For Ear, Nose and Throat Checkup

*Please ensure that your child's ears are cleaned beforehand.

3. Other

The results of the checkups will be reported later.

Date: Y /M /D

Dear Parents/Guardians,

Principal

Results of Internal Checkup

Grade:	Class:	Name:
--------	--------	-------

The following conditions were detected during the recent internal medical examination. Please consult with a specialist of the relevant field(s) and send your child to the doctor for a thorough examination as soon as possible.

[Observations & Diagnosis] *A check appears in all the relevant boxes.

1. Nutritional Condition:

Obesity Tendency Poor nutrition Possible anemic

2. Spine/Thorax/Limbs: Possible abnormality

()

3. Skin Trouble

Atopic dermatitis Eczema Other

4. Heart Trouble

Irregular pulse Irregular heartbeat

()

5. Other

* Please submit the form below to the school after consulting a doctor. (The form must be completed by the doctor.)

Doctor's Medical Examination Report

Grade:	Class:	Name:
--------	--------	-------

Examination report and advice to the school.

<p>Diagnosis (Name of Ailment):</p> <p>Treatment:</p> <p>Advice to the school:</p>
--

I hereby certify that the above information is accurate.

Date: Year / Month /Day

Name of the Hospital

Name of the Doctor Seal

Dental Health Questionnaire

Grade:	Class:	Name:
--------	--------	-------

The condition of your teeth, gums, teeth alignment, dental bite, jaw joint, dental plaque, etc. will be assessed.

Please tick (☑) “Yes” or “No” for each of the following questions.

If you would like to consult with the School Dentist, please write the details in the box below.

Questions to check the condition of your teeth, gums and jaw

1. Do your jaw joints make sounds when you open or close your mouth? Yes/ No
2. Do you have difficulty or feel pain when opening your mouth? Yes/ No
3. Do you have teeth alignment worries? Yes/ No
4. Do you have gum bleeding? Yes/ No
5. Do you have toothaches or tooth sensitivity? Yes/ No
6. Do you have difficulty in swallowing food? Yes/ No
7. Do you worry about bad breath? Yes/ No
8. Do you know what a CO is? Yes/ No
9. Do you know what a GO is? Yes/ No

Please write the matters that you would like to consult the School Dentist with here.

Dear Parent/Guardian

School: _____

Principal: _____

Results of Dental/Oral Checkup and Family Dentist Visit Advice

Grade: _____ Class: _____ Name: _____

Please refer to each comment in the box headed with a circle (○), which explains the results of the dental/oral checkup conducted on Month _____ /Date _____.

Not Abnormal		No irregularities were detected at the checkup. Continue to brush carefully with fluoride tooth paste and floss and have a regular lifestyle with a balanced diet in order to maintain the present dental and oral condition. Consult your home dentist on a regular basis for your healthy mouth.
---------------------	--	--

If you have one or more circles (○) in the “Follow-up Needed” boxes: Please follow up with the condition at home while ensuring to brush the teeth carefully with fluoride tooth paste and floss and have a regular lifestyle and balanced diet. It is also recommended to consult your home dentist on a continual basis for advice and oral health management.

Follow-up Needed		CO	There are one or more nearly decaying teeth. They are likely to be decayed in the future. (<input type="checkbox"/> Baby Tooth · <input type="checkbox"/> Adult Tooth)
		GO	Mild swelling and bleeding of gums have been observed. Gingivitis may occur in the future.
		Plaque Accumulation	Plaque has accumulated due to insufficient brushing.
		Arch, Bite, and Jaw Joints	There are slight concerns. See how condition develops.

If you have one or more circles (○) in any of the boxes below: It is advised to be examined and treated soon. Return this form to the school after the consultation/treatment is over and the doctor has filled in the consultation/treatment results.

	Disease/Abnormality		Details	Results
	Dentist Visit is Advised		C O & Need to Consult (C O-S)	There is a high probability of tooth decay. (<input type="checkbox"/> Baby Tooth · <input type="checkbox"/> Adult Tooth)
		Cavity (C)	There are one or more cavities (holding tooth decay). (<input type="checkbox"/> Baby Tooth · <input type="checkbox"/> Adult Tooth)	<input type="checkbox"/> Treatment completed <input type="checkbox"/> Continual follow-up
		Gingivitis (G)	Tartar is deposited on the teeth, causing gingivitis.	<input type="checkbox"/> Treatment completed <input type="checkbox"/> Continual follow-up
		Tartar Deposition	Although there is no gingivitis, tartar is deposited on the teeth.	<input type="checkbox"/> Treatment completed
		Irregular Arch/Bite	Remarkable irregularities in teeth alignment/bite are observed.	<input type="checkbox"/> Treatment Started <input type="checkbox"/> Continual follow-up
		Abnormal Jaw Joint	Irregularities are found in the jaw joints.	<input type="checkbox"/> Treatment completed <input type="checkbox"/> Continual follow-up
		Problematic Baby Tooth	One or more baby teeth remain where adult teeth should grow.	<input type="checkbox"/> Treatment completed <input type="checkbox"/> Continual follow-up
		Plaque Accumulation	Large amount of plaque is accumulated on the teeth surface or new back teeth.	<input type="checkbox"/> Treatment completed <input type="checkbox"/> Continual follow-up
		Others		<input type="checkbox"/> Treatment completed <input type="checkbox"/> Continual follow-up

To the Home Dentist:

Year /Month /Date

Please complete treatment after detailed examination, and then record the results of the consultation and treatment.

Name of the Medical Institution: _____

Name of the Dentist: _____ (seal)

To Parent/Guardian	Of the above items listed as “Dentist Visit is Advised”, teeth-straightening treatment for “Irregular Arch/Bite” is not covered by the National Health Insurance. If “Irregular Arch/Bite” is headed with a circle (○) and you are not going to receive consultation or treatment, please sign your name and return this form to the school.	Year /Month /Date
	The student is not going to receive consultation or treatment of “Irregular Arch/Bite”.	Name of Parent/Guardian: _____ (seal)

[Front]

Eye Checkup Questionnaire

This Eye Checkup Questionnaire will be used to assess whether your child needs to undergo an eye checkup at school. Please answer the questions below frankly.

Grade: _____ Class: _____ NO.: _____ Name: _____

Tick all applicable

	Question	✓
1	Having frequent eye discharge.	
2	Having frequent itchy eyes.	
3	Having frequent red eyes.	
4	Having frequent eye pain	
5	Having difficulty in seeing the blackboard.	
6	Using eye glasses.	
7	Using contact lenses.	
8	Having difficulty in distinguishing between certain colors (ex. green, red, etc.)	
9	Visited eye doctor over the past year.	
	If applicable, with what symptoms? ()	
10	Would like to consult with an eye doctor.	
	If applicable, for what matters/symptoms? ()	
11	Please write other concerns, if any ()	

Please fill in the backside as well.

13	None of the above 1 to 10 is applicable, and having answered question 12 on the backside.	
----	---	--

* The boxes below will be filled in by the school, so leave them blank.

Result of Eye Checkup	Naked Eyes/With Glasses/With Contact Lenses (Circle the applicable one)	
	Eye sight under the above condition	Right (A B C D)
		Left (A B C D)

Result: No abnormalities / Follow-up required / Hospital visit required () Others ()

[Back]

Color Blindness Test

Congenital color blindness is found in about 5% of boys (one in 20 boys) and in about 0.2 % of girls (one in 500 girls).

People with color blindness experience almost no inconvenience in their daily lives. They may however, find it difficult to understand some lessons that use color materials/presentations, and will need proper attention at school.

Many of such students or their parents/guardians are not aware of their color vision deficiencies. It is important to receive a color blindness test so that students have an understanding of their color vision when they choose lessons to take and/or vocations and careers.

Upon reading and understanding the above, please answer whether you will receive the test or not.

	As for a Color Blindness Test:	✓
12	I would like to have one.	
	I am not going to have any.	

Parent/Guardian

Seal:

Y /M /D

Dear Parents/Guardians,

School Name:
Principal's Name:

Results of Eye Checkup

Grade: _____ Class: _____ Name: _____

On the recent checkup, if a circle (○) appears to the left of any of the diseases listed below, your child is suspected of having that disease and please follow the advice that has been ticked off (☑) below the list. Please notify your child's attending teacher when the treatment is completed.

	Disease Name		Disease Name
	Chronic conjunctivitis		Chalazion
	Allergic Conjunctivitis		Hordeolum
	Follicular conjunctivitis		Vernal conjunctivitis
	Blepharitis		Cataract
	Entropion		

- 1 See an eye doctor as soon as possible.
 2 See an eye doctor when symptoms appear.

Results of Checkup/Advice from the Doctor

Diagnosis (Disease name, etc.)		
Advice from the Doctor		
Swimming in a pool (Circle the applicable.)	Permitted	Forbidden

Year /Month /Day

Name of the Medical Institution:

Eye Doctor's Name: _____

Date: Y /M /D

Dear Parents/Guardians,

Principal

Results of Eyesight Checkup

Grade: _____ Class: _____ Name: _____

The results of the recent eyesight checkup are reported below. If either "B, C or D" is circled, please take your child to the doctor for a thorough examination.

Result

A	Above 1.0	B	...0.9~0.7	C	...0.6~0.3	D	Below 0.3
---	-----------	---	------------	---	------------	---	-----------

Eyesight	R()	L()	Eye. w/glasses	R()	L()
----------	------	------	----------------	------	------

Please notify your teacher once your child has been examined by the doctor.

Eye Examination Results

	Right	Left
Eyesight	()	()
Eyesight w/glasses	()	()
Observations	Normal, Farsighted, Astigmatic weak-sighted, Nearsighted, Accommodative Spasm Other ()	Normal, Farsighted, Astigmatic weak-Sighted, Nearsighted, Accommodative Spasm Other ()
Treat. & Observ.	(Yes · No) [After _____ Months]	
Instructions	Eye drops (Yes · No) Glasses (Yes · No · Renew · Observation) Wearing glasses (always · during classes only) Others ()	

I hereby certify that the above information is accurate.

Date: Year / Month / Day

Name of the Hospital

Name of the Doctor _____ Seal _____

Ear/Nose/Throat Health Questionnaire (For Elementary School Students)

Grade: Class: NO.: Name: _____

This inquiry will be used to assess whether your child needs to undergo an ENT checkup at school. Please tick items 1-7 if the parents or student finds any of them applicable or just tick 8 if nothing,

1. Scheduled to visit an ENT hospital within three months.

(Disease Name: _____)

2. Seems to have poor hearing.

3. Having sneezing, runny/stuffy nose throughout the year and finds them bothersome.

4. Always opens the mouth.

5. Having loud snoring almost every night.

6. Having a hoarse voice.

7. Having strange pronunciation.

8. None of the above 1 to 7 is applicable.

[The boxes below will be filled in by the school, so leave them blank.]

Observations by School (attending or other teachers)	Result of the checkup
<input type="checkbox"/> 1. Seems to have poor hearing. <input type="checkbox"/> 2. Often touching the nose. <input type="checkbox"/> 3. Often sniffs. <input type="checkbox"/> 4. Seems to be sleepy during classes, especially in the morning. <input type="checkbox"/> 5. Often opens the mouth. <input type="checkbox"/> 6. Having a hoarse voice. <input type="checkbox"/> 7. Having strange pronunciation. <input type="checkbox"/> 8. Abnormalities on audiometry (<input type="checkbox"/> Right <input type="checkbox"/> Left <input type="checkbox"/> Both <input type="checkbox"/> 1000Hz <input type="checkbox"/> 4000Hz) <input type="checkbox"/> 9. Absent for one or more weeks with fevers, throat pains, or the like, in the last school year. <input type="checkbox"/> 10. A report on a detailed examination by an ENT doctor has not been submitted in the last school year.	<input type="checkbox"/> A1 Suspected hearing impairment <input type="checkbox"/> A2 Earwax Impaction <input type="checkbox"/> A3 Middle Ear Effusion <input type="checkbox"/> A4 Chronic Middle Ear Infection <input type="checkbox"/> B1 Chronic Rhinitis <input type="checkbox"/> B2 Allergic Rhinitis <input type="checkbox"/> B3 Sinusitis <input type="checkbox"/> B4 Nasal Septum Deviation <input type="checkbox"/> C1 Suspected Adenoid <input type="checkbox"/> C2 Enlarged Tonsils <input type="checkbox"/> C3 Tonsillitis <input type="checkbox"/> C4 Voice Disorder <input type="checkbox"/> C5 Language Disorder <input type="checkbox"/> D Others (_____) <input type="checkbox"/> E No abnormalities

Ear/Nose/Throat Health Questionnaire (For Junior High School Students)

Grade: Class: NO.: Name: _____

This inquiry will be used to assess whether your child needs to undergo an ENT checkup at school. Please tick items 1-7 if the parents or student finds them applicable or just tick 8 if nothing.

1. Scheduled to visit an ENT hospital within three months.
(Disease Name: _____)
2. Sometimes having dizziness or vertigo, other than dizziness while standing up
3. Having sneezing, runny nose throughout the year and finds them bothersome.
4. Often having a thick runny nose, or feeling mucus dripping down the throat.
5. Suffering from frequent stuffy nose.
6. Having difficulty in smelling.
7. Having a hoarse voice.
8. None of the above 1 to 7 is applicable.

[The boxes below will be filled in by the school, so leave them blank.]

Observations by School (by attending or other teachers)	Result of the checkup
<p><input type="checkbox"/>1. Abnormalities on audiometry (<input type="checkbox"/>Right <input type="checkbox"/>Left <input type="checkbox"/>Both <input type="checkbox"/>1000Hz <input type="checkbox"/>4000Hz)</p> <p><input type="checkbox"/>2. A report on a detailed examination by an ENT doctor has not been submitted in the last school year.</p> <p><input type="checkbox"/>3. Checkup is needed. Reason: <input type="checkbox"/>.Having poor hearing. <input type="checkbox"/> Often opens the mouth. <input type="checkbox"/> Having strange pronunciation. <input type="checkbox"/> Others</p>	<p><input type="checkbox"/>A1 Suspected hearing impairment</p> <p><input type="checkbox"/>A2 Earwax Impaction</p> <p><input type="checkbox"/>A3 Middle Ear Effusion</p> <p><input type="checkbox"/>A4 Chronic Middle Ear Infection</p> <p><input type="checkbox"/>B1 Chronic Rhinitis</p> <p><input type="checkbox"/>B2 Allergic Rhinitis</p> <p><input type="checkbox"/>B3 Sinusitis</p> <p><input type="checkbox"/>B4 Nasal Septum Deviation</p> <p><input type="checkbox"/>C1 Suspected Adenoid</p> <p><input type="checkbox"/>C2 Enlarged Tonsils</p> <p><input type="checkbox"/>C3 Tonsillitis</p> <p><input type="checkbox"/>C4 Voice Disorder</p> <p><input type="checkbox"/>C5 Language Disorder</p> <p><input type="checkbox"/>D Others (_____)</p> <p><input type="checkbox"/>E No abnormalities</p>

Year /Month /Date

Dear Parents/Guardians,

Principal's Name: _____

Results of Ear/Nose/Throat CheckupGrade: Class: Name: _____

On the recent checkup, the following diseases with a circle (○) are suspected. Please have your child examined by an ENT doctor as soon as possible. After the visit, submit the Doctor's Examination Report to the school.

- Earwax Impaction: Earwax has accumulated enough to completely cover the eardrum. Swimming in this condition tends to cause external otitis. Visit an ENT doctor to remove the earwax before swimming lessons start.
- Chronic Middle Ear Infection: The eardrum has a hole, which may cause ear discharge and/or poor hearing. Visit an ENT doctor before swimming lessons start.
- Middle Ear Effusion: The ear discharge and pain may be slight, but hearing becomes poor.
- Suspected Hearing Impairment: Ask the doctor to examine the degree and causes of the hearing impairment.
- Allergic Rhinitis: The main symptoms are sneezing, and runny and stuffy nose. Poor concentration and/or sleep disorder may occur all year round and delay in development of the child may be observed. Hay fever is one kind of this disease.
- Sinusitis: Sinusitis, so called empyema, causes stuffy nose, thick nasal discharge, heaviness of the head, etc.
- Nasal Septum Deviation: Alternate nasal blockage is the characteristic symptom and nose bleeding and heaviness of the head often occur.
- Chronic Rhinitis: Stuffy or runny nose occurs. Chronic Rhinitis may occur subsequent to a cold, and, in some cases, involves slight sinusitis.
- Tonsillitis: Due to the tonsils' chronic inflammation, fevers and throat pain tend to repeat.
- Enlarged Tonsils: Slight breathing disorder and/or difficulty in swallowing large pieces tend to occur. Snoring or sleep apnea may develop as a result.
- Adenoid: The tonsils in the back of the throat are big for this age. Adenoids may cause stuffy nose, snoring, sleep apnea, recurrent middle ear infection, etc.
- Voice/Language Disorder: A hoarse voice or abnormalities in speech is observed.

Doctor's Examination ReportGrade: Class: Name: _____**Diagnosis** _____

Treatment: (1) Follow up (2) Under treatment (3) Treatment completed (4) Other

Swimming: (1) Permitted (2) Permitted with ear plugs (3) Other

Comment:

Year /Month /Date

Doctor's Name _____

Date: Y /M /D

Dear Parents/Guardians,

Principal

Urine Test Notice

For the early detection of potential illnesses, the school will administer the following test. A check appears in all relevant boxes.

[Urine Test]

1. Purpose: To detect kidney diseases and diabetes, etc.
2. When to bring urine sample to school: Month/ Day/
If forgotten, bring it on: Month/ Day/
3. Where to be handed in: Classroom School Infirmary
4. The test is for: All Grades
5. How to prepare a urine sample:
 - (1) The sample should be taken on the morning of the urine test, soon after getting up.
Do not take the sample as soon as you begin to urinate. Instead urinate a little into the toilet and then urinate into the container.
 - (2) Fill the container up to the level of the indicated mark.
 - (3) Close the cap tightly and put the container in the bag. (Bag and container supplied by school.)
6. Those who require a second test will be notified.

Exclusion Notice

Grade: _____ Class: _____ Name: _____

We are requesting that your child temporarily not go to school.

1. Reason

- Influenza Mumps Chicken pox German measles
Others (Streptococcus pyogenes infection)

2. Recommended period of absence

Beginning from Y...../M...../D..... until you get permission from a doctor.

3. Any other relevant information

Date: Y /M /D

Dear Parents,

Principal _____ Seal

Request: Permission to Attend School

Dear Principal,

- Disease Influenza Mumps Chicken pox German measles
Others (Streptococcus pyogenes infection)

Grade: _____ Class: _____ Name: _____

I have verified the recession of the above infectious disease. I recommend that the school grant permission to attend school beginning from the following date:

Date: Year / Month /Day

Name of the Hospital

Name of the Doctor _____ Seal

*Please send this permission slip with your child to school.

To Parents/Guardians

In order to ensure a fun and meaningful school experience, it is important to care for your child's health. The health care of children with heart diseases is especially crucial. For this reason, we put importance on heart checkups among other school health checkups. We request that all parents/guardians complete this survey, as it is required part of the checkup.

Please circle applicable items in question 1 ~ 4 and fill in all blanks.

Date of Checkup: Y /M /D / Principal:

School:	Grade: Class:	Name:	Sex:	Date of birth:
	No:			

1. Have you experienced any of the following symptoms recently?

- a Sudden, increased (double) heart beat for no apparent reason.....(Yes / No)
 b Exhaustion from small amounts of exercise.....(Yes / No)
 c Tight chest pains during exercise.....(Yes / No)
 d Irregular pulse from time to time.....(Yes / No)
 e Loss of consciousness while relaxing, during exercise, after exercising.....(Yes / No)
 f Loss of breath while climbing stairs at regular pace.....(Yes / No)

2. Have you ever been diagnosed with heart problems in the past?

If yes, please answer questions 1 ~ 4 below. (Yes / No)

- 1) What was the problem? (Please circle the applicable diagnosis or describe the problem in detail)
 a) Congenital heart defect b) Arrhythmia c) Cardiomyopathy d) Cardiac murmur e) ECG irregularity
 f) Rheumatic heart disease g) Other: _____

- 2) When and where did you first learn about this problem?

When? Age: Where? 1) Hospital: 2) School: Grade:

- 3) Have you recovered since then?

- a) No special care was required after a detailed examination. Date of examination: Hospital:
 b) Currently undergoing regular examinations.
 Hospital: _____ times a year. Classification: A B C D E
 c) Unsure. Have not consulted a doctor.

- 4) Have you ever had heart surgery?

- a) Yes → When and Where did you last undergo heart surgery?
 b) No → Year: Hospital:

3. Have you ever been diagnosed with Kawasaki disease?.....(Yes / No)

If yes, please answer questions 1 ~ 3 below.

- 1) When and where were you diagnosed? Age: Hospital:
 2) What were the results of the cardiac echo?
 a) normal b) temporary swelling of coronary artery c) persistent coronary lesion d) no test conducted
 3) What is your present condition?
 a) regular hospital medical tests.
 Hospital: _____ times a year. Classification: A B C D E
 b) Have not been undergoing necessary tests or treatment instructed by the doctor.
 c) Tests determined that no special care is necessary. Date determined: Hospital:

4. Do you have any family or relatives who passed away at an age under 40 due to heart problems or unknown causes?

(Yes / No)

Tuberculosis Checkup Questionnaire

Answered on: Y /M /D

School:	Grade:	Class:	No.:	Name	
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Please tick "Yes" or "No" for each question

Question		Tick the applicable	
Q1	Has the student suffered from tuberculous diseases (ex. lung infiltration, pleurisy, tuberculous cervical lymphadenitis) in the last two years?	<input type="checkbox"/> Yes Around Y /M /D	<input type="checkbox"/> No
Q2	Has the student been diagnosed as having tuberculosis and taken any preventive drugs in the last two years?	<input type="checkbox"/> Yes Around Y /M /D	<input type="checkbox"/> No
Q3	Are there any family members or lodgers who have had tuberculosis in the last two years?	<input type="checkbox"/> Yes Around Y /M /D	<input type="checkbox"/> No
Q4	Has this student lived abroad for six months or more in total in any foreign countries over the last three years?	<input type="checkbox"/> Yes Around Y /M /D	<input type="checkbox"/> No
Sub-question	If you answered "Yes" for Q4:		
4-1	Please provide the names of the countries where the student was living at that time. []		

Q5	Has this student been coughing or having phlegm for two or more weeks?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Sub-question	If you answered "Yes" for Q5:		
5-1	Is the student undergoing any treatment or examination at a medical institute for the coughing or phlegm	<input type="checkbox"/> Yes	<input type="checkbox"/> No
5-2	Has the student been diagnosed with asthma or asthmatic bronchitis?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

If the student is in the 1st grade of elementary school, please answer Q6.

Q6	Has the student received a BCG vaccine? Please answer referring to the vaccination records in the Maternal and Child Handbook (<i>Boshitecho</i>) if you have one.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Sub-question	If you answered "No" for Q6:		
6-1	Why hasn't the student received the vaccine?	<input type="checkbox"/> Tuberculin skin testing was positive.	<input type="checkbox"/> For other reasons.

The box below will be filled in by the school, so leave it blank.

According to the observation of the school doctor, detailed examination for tuberculosis is:	
Required	Not required: Reasons []

[To parents/guardians] If you answered "Yes" to any of the questions Q1 to Q3, please understand and note that your answers will be examined by the public health care center to evaluate the health care status of the student.

Interview Sheet for Tuberculosis Scrutiny

Answered on: Y /M /D

Student's Name		Parent/ Guardian's Name	
Date of Birth	Y /M /D	Grade	Age
Address			Telephone
Current health status			
Past tuberculosis history of the student and his/her family members, if any			
Past history of respiratory diseases of the student, if any			
History of Tuberculin Skin Testing	Date: Y /M /D	Interpretation: + - (x mm)	
	Date: Y /M /D	Interpretation: + - (x mm)	
	Date: Y /M /D	Interpretation: + - (x mm)	
	Date: Y /M /D	Interpretation: + - (x mm)	
BCG vaccination	<input type="checkbox"/> Has Received <input type="checkbox"/> Has Not Received		
	Last Vaccination Date: Y /M /D		

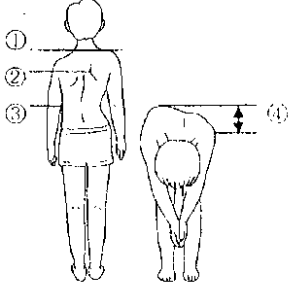
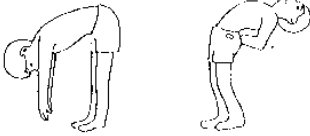
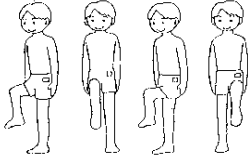

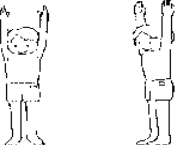
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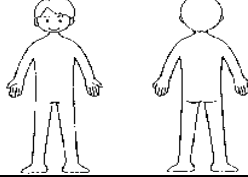
- In the “Current Health Status” box, please write whether the student has/doesn't have a fever, cough, phlegm, dullness, headache, etc. on the day of examination.
- In the “History of Tuberculin Skin Testing” boxes, please write the dates when the student received tuberculin injections.
If double erythema appeared then, write its inner diameter in the parenthesis. If blisters etc. appeared, write that fact.
- For the BCG vaccination record during infancy, please refer to the Maternal and Child Handbook (*Boshitecho*), etc.
- Please be sure to bring this Interview Sheet and the Maternal and Child Handbook on the day of examination.

Musculoskeletal Checkup Questionnaire

Grade: Class: No: Name: Male · Female

***Please tick the applicable descriptions/answers to the questions in the heavy-lined boxes.**

Does the student regularly do ballet, dance, or any other sports? <input type="checkbox"/> No <input type="checkbox"/> Yes (Sport's Name: _____ Years of Experience: _____ years)		
1) Four checkpoints for Scoliosis	Situation/Answer	To be filled in by the examiner
	Tick if applicable. <input type="checkbox"/> ① Having uneven shoulder heights. <input type="checkbox"/> ② Having uneven shoulder blade heights or positions. <input type="checkbox"/> ③ The sides of the body trunk curve differently. <input type="checkbox"/> ④ When bending forward, the sides of the back appear different in height.	[Abnormal Findings] <input type="checkbox"/> Having abnormalities
2) Please tick <input checked="" type="checkbox"/> the applicable answers.		
When bending forward or backward, does the lower back hurt? 	[Bending Forward] <input type="checkbox"/> ① It does not hurt. <input type="checkbox"/> ② It hurts. [Bending Backward] <input type="checkbox"/> ① It does not hurt. <input type="checkbox"/> ② It hurts.	[Abnormal Findings] <input type="checkbox"/> Having abnormalities
Can the student stand on one leg (left/right) for 5 seconds without losing balance or swaying? 	[On the Left Leg] <input type="checkbox"/> ① Yes, without problems. <input type="checkbox"/> ② The body sways. <input type="checkbox"/> ③ Can't keep standing. [On the Right Leg] <input type="checkbox"/> ① Yes, without problems. <input type="checkbox"/> ② The body sways. <input type="checkbox"/> ③ Can't keep standing.	[Abnormal Findings] <input type="checkbox"/> Having abnormalities
Can the student squat with the feet flat on the ground? 	<input type="checkbox"/> ① Yes. <input type="checkbox"/> ② No.	[Abnormal Findings] <input type="checkbox"/> Having abnormalities
When raising both arms straight up alongside the ears, can both arms touch the ears? 	[Left Arm] <input type="checkbox"/> ① Yes <input type="checkbox"/> ② No. [Right Arm] <input type="checkbox"/> ① Yes. <input type="checkbox"/> ② No.	[Abnormal Findings] <input type="checkbox"/> Having abnormalities

With the palms up, can each elbow be fully straightened and fully bent till fingers touch shoulders? 	[Left Arm] <input type="checkbox"/> ① Yes, without problems. <input type="checkbox"/> ② Can't be fully bent. <input type="checkbox"/> ③ Can't be fully extended. [Right Arm] <input type="checkbox"/> ① Yes, without problems. <input type="checkbox"/> ② Can't be fully bent. <input type="checkbox"/> ③ Can't be fully extended.	[Abnormal Findings] <input type="checkbox"/> Having abnormalities
3) Are there any musculoskeletal symptoms?		
If there are any symptoms in the bones, joints, muscles, etc. please put a circle (○) at the location and explain them in the right box. 	[Symptoms]	[Abnormal Findings] <input type="checkbox"/> Having abnormalities
4) If there are any other concerns regarding the body, legs, or arms, please write here.		
5) Does the student undergo treatment related to the above questions? <input type="checkbox"/> No · <input type="checkbox"/> Yes (Disease Name: _____)		

***The part below will be filled in by the school, so leave it blank.**

[Scrutiny is: Required · Not Required]

Report of the Scrutiny Results

Date: Year /Month /Day

Parents/Guardian

Principal:

According to the results of the Musculoskeletal Checkup, it is advised to visit an orthopedist to undergo scrutiny. After the visit, submit the Doctor's Examination Report to the school.

*Note: Please be sure to bring this Musculoskeletal Checkup Questionnaire and the health insurance card of the student, etc. (if applicable) to the hospital/clinic.

Doctor's Examination Report

Diagnosis ()

Doctor's Advice ()

Date: Year /Month /Day

Surgeon's Name:

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