Certificate of (expected) school enrollment

To the Mayor of Minato City

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School	l certific	noite

Name in kana											
Name and date of birth of applicant	(/ /					(YYYY/MM/DD))					
Address	Minato City										
Department/faculty enrolled in	(If there isn't a depart	ment/faculty, plea	se write the	name of the	cours	e or subject/m	najor in w	hich the applica	nt is enrolled)		
Date of school enrollment	/	1	(YYYY/MM/DD)		School yes	ar	year, en	olled in the school year		100l year	
Period of schooling	From	/		/	to)	/	/	(YY	YY/MM	/DD)
	*If on leave from	Period of leave	From		/	1	to	/	1	(YY	YY/MM/DD)
	school	Reason for leave	e		ı						
Days and hours in school	Month		days	Day			hours		minutes		
*Including breaks	School days	1. N	Ion 2. T	Tues 3. V	Ved	4. Thurs	5. Fri	6. Sat 7. Su	n 8. Holio	days 9.	Uncertain
School hours *Fill in the standard school hours	Weekdays			:			to		:		нн:мм
Recent actual school attendance	Year/month	i Western calendar	/		Y/MM	ii Western calendar	/	(YYY Y/MM)	iii Mestern calendar	/	(YYY Y/MM)
	No, of days attend	ded			days			days	s		days
Remarks											
Based on the abov	e, we verify the	applicant is	enrolled	(expects	to e	nroll) in s	chool.				
Name of school						certi (W cal YYYY Cont	fication festern endar, /MM/DD) acts for		/	/	/
address Name of representativ e							tent of	Name of person responsible			
Seal								Phone number			
The guardian sho	uld fill in the follo	wing.									
Name in kana											
Name and date of birth of child				((/	/		(YYYY/	MM/DD))
Plans after finishing school											

^{*}This is a key document when applying to use a Pupils' Club, so please make sure to fill it out accurately. The person responsible for filling it in may be contacted if anything is unclear.

*If any of the statements are false, the enrollment application will be rendered invalid (the child will lose their space).