生徒理解票

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| № | 令和　　年　　月　　日 | 第　　学年　　組 |
| 生徒 | ふりがな |  | 性別 | 男・女 | 生年月日 | 　　年　　月　　日 |
| 氏名 |  |
| ふりがな |  | 町会名 |  |
| 現住所 |  |
| 保護者 | ふりがな |  | 続柄 |  | 電話 |  |
| 氏名 |  |  |
| Fax |  |
| 現住所 |  | メール |  |
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| 学校歴 | 学校名 | 入学年月日 | 転退学年月日 | 卒業年月日 |
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| 家族 | 氏名 | 続柄 | 性別 | 備考（在学中は学校種別、学年など） |
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| 身体状況 | アレルギー体質、既往症など、特に連絡しておきたいこと |
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| 趣味特技 |  |
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| 家庭からの連絡事項 | 生徒の性格、家庭の教育方針など、自由にお書きください。 |
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| 生徒氏名 |  |  | 第　　学年　　組 |
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| 緊急連絡先 | ① | 電話 |  |
| ② | 電話 |  |
| 友人 | ① |
| ② |
| 自宅付近の略図 |
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| 備考 |  |
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