児童生徒事故報告FAX送信票

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| 送信日時 | 令和　　年　　月　　日　午前・午後　　時　　分 | | | | | | | | | |
| 送信者 | 学校名 |  | | | | | | | | |
| 氏名 |  | | | | 職名 | |  | | |
| 事故・非行  等の標題 |  | | | | | | | | | |
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| 発生日時 | 令和　　年　　月　　日（　　）　　　時　　分ころ | | | | | | | | | |
| 発生場所 |  | | | | | | | | | |
| 当該児童生徒 | 学校名 | | 学年 | 氏名 | 保護者 | | | | | 現住所 |
| 氏名 | | 年齢 | | 職業 |
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| 担任氏名 |  | | | | | | | | | |
| 事故・非行等の内容、状況等 |  | | | | | | | | | |
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| 事故発生時にとられた学校等の措置 |  | | | | | | | | | |
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