

Welcome to the Yokohama School System

英語

Yokohama Edition

Ⅱ School Notifications and School-Related Terms



2024 Revised edition

Yokohama City Board of Education

Table of Contents

School Notifications

[Notifications Used in both Elementary and Junior High School]

<<Required Regarding Enrollment>>

- Student Instruction Sheet	1	- Items to Bring to School	2 (1 ~ 5)
- School Related Fees	3(1)	- Special Payment Collection	3(2)
- Student Health Questionnaire(Elementary)	4(1)	- Student Health Questionnaire(Junior High School)	4(2)

<<Notifications Regarding School Activities and Events>>

Notification of School Event or Activity Involving Parent Guardian Participation	5
Sports Day Athletics Festival Notification	6
Individual / Three-Person Meeting Notification (For Parent Guardian Scheduling For Notification of Schedule Decision)	7
Home Visit Notification (For Parent Guardian Scheduling For Notification of Schedule Decision)	8
Notification of School Activity Event I (Field Trip or Other Day Trip)	9
Notification of School Activity Event II (School Trip or Other Activity / Event Involving Overnight Stay)	10
Notification of Participation and Parent Guardian Consent Form (Overnight-Stay Activity)	11
Graduation Ceremony Notification	12

<<Notifications Regarding the Schedule, etc.>>

Notification of Special Schedule (Temporary School Closure / No Lunch / Schedule Change / Other) & Lunchtime Schedule Notice	13
Notification of Long School Break	14

<<Requests for Parent / Guardian Consent, etc.>>

Notification of Attendance Absence (Event Involving Parent / Guardian Participation)	15
Notification of Participation in Activity	16
Swimming Class Permission Form	17
Questionnaire Form Regarding Use of Personal Information	18

<<Notifications Regarding Emergency-Related Procedures, etc>>

Information for Emergency Response in Case of an Official Warning, Disaster, etc.	19
Contacting the Student's Home from the School Part I (Concerning Your Child's Health / Item(s) to Bring to School / Your Seal (Inkan) is Required)	20
Contacting the Student's Home from the School Part II (School Wants to Contact the Child's Parent / Guardian)	21
Contacting the School from the Student's Home	22
If Transfer of School-Related Funds Could Not Be Completed	23

<<Reports>>

- Ayumi (Elementary School Student Evaluation)	24	- Renraku-cho (Junior High School Correspondence Notebook)	25 (1 ~ 2)
--	----	--	------------

<<Health>>

Student Health Questionnaire(Elementary)	4(1)
Student Health Questionnaire(Junior High School)	4(2)
Notification of Membership in the Japan Sport Council	26
Influenza Warning / Request Document (Request for Health Monitoring)	27
Notification of Temporary School Cancellation for a Class Due to Influenza	28
Oral and Dental Check-Up Questionnaire	29
Recommendations Following Dental Check-Up	30
Recommendations Following Eye Check-Up	31
Recommendations Following Medical Check-Up	32
Notice of Recovery	33
Notification of Pinworm Egg Testing	34
Notification of Urine Analysis	35
Cardiovascular Disease Medical Questionnaire	36 (1 ~ 2)
Eyeglasses Purchasing Support Program (Form for Initial Survey of Those Interested in Enrollment)	37
Financial Assistance for Medical Costs Pertaining to School Diseases	38
Notification to Parents / Guardians of Detailed Medical Examination for Tuberculosis (Form 9)	39
Contact Request (Notification) from the Ward Health and Welfare Center Regarding Tuberculosis Examination (Form 10)	40
Individual Meeting Regarding Allergic Disorder	41

<<Other>>

Information Regarding Permission for Enrollment in a School Outside of the Specified School District	42
--	----

[Notifications Used in Junior High School]

<<Notifications Related to New-Student Orientation>>

Notice of New Student Orientation for Parents and Guardians	43
Notification Regarding Consolidated Sale of All Items Needed for New Students	44
Notification of School Entrance Ceremony	45

<<Certification-Related Forms>>

About Issuing of School Commute Certificates (<i>Tsūgaku Shōmeisho</i>)	46
About Issuing of Student Discounts	47
Future Academic Career Path Charts (Forms 1–4)	48 (1 ~ 4)

School-Related Terms

[1] day of the week	[6] place names
[2] month	[7] names of school subjects, etc.
[3] day of the month	[8] words used in students' studies
[4] time	[9][10] the human body
[5] daily schedule	

Everyday Conversation

50(1 ~ 14)

Student Instruction Sheet

We will refer to this sheet if we need to contact you in case of an emergency, when we provide guidance to children, etc. If possible, please write in Japanese. If

Confidential

School _____

Student	Reading (<i>Furigana</i>) Student Name				Male / Female	
	Date of Birth					
	Address					
	Nationality		Date of Arrival in Japan (YY/MM/DD)	/	/	
Parent / Guardian	Reading (<i>Furigana</i>) Parent / Guardian Name					
	Telephone No.					
Family Members	Name					
Emergency Contacts	Name		Telephone No.			
If applicable, please write any special requests or information you want to convey to the classroom teacher:						

Please submit this form to the classroom teacher by ____/____ (MM/DD)

Items to Bring to School

Date (YY/MM/DD):

The following ☒ checked items are required. Please prepare them in advance.

* Items with numbers correspond to pictures on the following pages. Make sure to write your child's name on items they bring to school.

<input type="checkbox"/> [1] School bag	<input type="checkbox"/> [2] School backpack	<input type="checkbox"/> [3] Indoor slippers
<input type="checkbox"/> [4] Bag for indoor slippers	<input type="checkbox"/> [5] Red / white reversible cap	<input type="checkbox"/> [6] P.E. clothes
<input type="checkbox"/> [7] Bag for P.E. clothes	<input type="checkbox"/> [8] Disaster hood	<input type="checkbox"/> [9] Correspondence notebook (<i>renraku-cho</i>)
<input type="checkbox"/> [10] Correspondence notebook case	<input type="checkbox"/> [11] Notebooks	<input type="checkbox"/> [12] Pencil case
<input type="checkbox"/> [13] Pencils	<input type="checkbox"/> [14] Eraser	<input type="checkbox"/> [15] Red pencils
<input type="checkbox"/> [16] Ruler	<input type="checkbox"/> [17] Scissors	<input type="checkbox"/> [18] Paste (glue)
<input type="checkbox"/> [19] Dust cloths	<input type="checkbox"/> [20] Mask	<input type="checkbox"/> [21] Stapler
<input type="checkbox"/> [22] Compass (drawing tool)	<input type="checkbox"/> [23] Protractor	<input type="checkbox"/> [24] <i>Shitajiki</i> sheet to place under paper
<input type="checkbox"/> [25] Toolbox	<input type="checkbox"/> [26] Crayons	<input type="checkbox"/> [27] Colored pencils
<input type="checkbox"/> [28] Handkerchief / small towel	<input type="checkbox"/> [29] Tissues	<input type="checkbox"/> [30] Lunchbox set
<input type="checkbox"/> [31] Lunchbox bag	<input type="checkbox"/> [32] Jūdō uniform (<i>jūdōgi</i>)	<input type="checkbox"/> Cooking hat (used when preparing school lunches)
<input type="checkbox"/> Gym shoes	<input type="checkbox"/> Bag for gym shoes	<input type="checkbox"/> Cap used when going to / from school

1. Items Required Initially



[1] School bag



[2] School backpack



[3] Indoor slippers



[4] Bag for indoor slippers



[5] Red/white reversible cap



[6] P.E. clothes



[7] Bag for P.E. clothes



[8] Disaster hood



[9] Correspondence notebook
(renraku-cho)



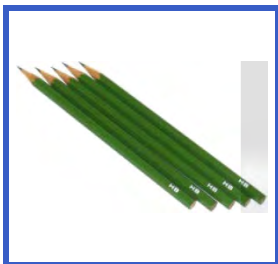
[10] Correspondence notebook case



[11] Notebooks



[12] Pencil case



[13] Pencils



[14] Eraser



[15] Red pencils



[16] Ruler



[17] Scissors



[18] Paste (glue)



[19] Dust cloths



[20] Mask

2. Items That are Needed in Certain Cases



[21] Stapler



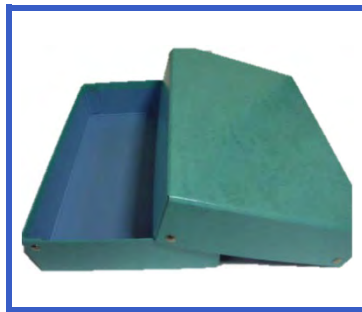
[22] Compass (drawing tool)



[23] Protractor



[24] *Shitajiki* sheet to place under paper



[25] Toolbox



[26] Crayons



[27] Colored pencils



[28] Handkerchief / small towel



[29] Tissues



[30] Lunchbox set



[31] Lunchbox bag



[32] Jūdō uniform (*jūdōgi*)

3. Items Needed for Specific School Subjects



Melodica air tube



Recorder



Alto recorder



Paint set



Calligraphy tools



Sewing set



Swimwear



Swimming cap



Bath towel



Goggles



Apron



Bandanna

4. Items to Bring on Field Trips and Overnight-Stay Learning Experiences



Backpack



Knapsack



Canteen / thermos



Change(s) of clothing



Sneakers



Ground sheet



Winter clothing



Rain gear



Cotton work gloves



Toothbrush and toothpaste set



Bath towel



Towel

School-Related Fees

Date (YY/MM/DD):

Amounts below with a ☒ check mark will be collected every month.

<input type="checkbox"/> <u>Grade fund / educational materials</u>	<u>yen</u>
<input type="checkbox"/> <u>Supplementary educational materials</u>	<u>yen</u>
<input type="checkbox"/> <u>Activity / event reserve fund</u>	<u>yen</u>
<input type="checkbox"/> <u>Various dues (student handbook, album, etc.)</u>	<u>yen</u>
<input type="checkbox"/> <u>Student council fee</u>	<u>yen</u>
<input type="checkbox"/> <u>PTA dues</u>	<u>yen</u>
<input type="checkbox"/> <u>Student insurance (Japan Sport Council) premium</u>	<u>yen</u>
<input type="checkbox"/> <u>Other ()</u>	<u>yen</u>
Total	<div style="border: 1px solid black; padding: 5px; display: inline-block;">yen</div>

* Amounts may vary depending on grade (school year), the month, and number of siblings.

Payment Method for School-Related Fees

Please use the following bank account.

Bank name: _____ **Branch name:** _____

Payment will be transferred on the _____ of each month.

* Forms used for creating bank accounts are available at the school.

Year (grade): Class: Teacher: _____

TEL: _____

Special Payment Collection

Date (YY/MM/DD):

Payment will be collected for the following ☒ checked item(s).

<input type="checkbox"/>	Field trip	<input type="checkbox"/>	Observation visit
<input type="checkbox"/>	Overnight-stay activity (School trip	Learning experience	Field camp Outdoor school)
<input type="checkbox"/>	Educational materials	<input type="checkbox"/>	Photographs
<input type="checkbox"/>	Club activities	<input type="checkbox"/>	Away match / game
<input type="checkbox"/>	Club activity promotion fees	<input type="checkbox"/>	Other ()

Total Payment _____ yen

Payment Deadline:

Pay by (MM/DD) / ()

Payment Method

- ☐ Please have your child bring the payment to their classroom teacher.

☐ We request that a parent / guardian bring the payment to school directly.

☐ Payment will be made via bank transfer. Please fill in your account information on the form provided by the school.

Year (grade): Class: Teacher:_____ TEL:_____

School name

Year						
Grade	1	2	3	4	5	6
Class						
Attendance No.						

Child Health Survey Sheet (confidential)

Yokohama Board of Education

◎ Request for filling in the health survey sheet

This survey sheet is important for us to understand the health condition of your child.

The personal information provided will be appropriately handled according to the “Yokohama City Personal Information Protection Ordinance”, and it will only be used for the following purposes.

- For contacting your family in case of a health emergency
- For reference to smoothly make a health diagnosis
- For reference for daily health management
- For providing information to health institutions, ward Health and Welfare Centers, etc., in case of accident or other emergencies

Statistical information, such as the number of cases at a school, may be used in school health statistics, etc., by the country, prefecture, or city government with the names of students redacted.

This survey sheet will be used until graduation. At the start of each year, you will be asked to fill in, update, or correct this survey sheet, sign or seal it, and then submit it to the homeroom teacher.

It will be stored with sufficient care by the school and returned upon graduation.

Furigana		Date of birth:
Name		(YYYY/MM/DD)

1. Home address and emergency contact

*If there are any changes, strikethrough existing information with two lines, and write the new information in the space.

Home address				Name of Guardian
(Phone number)				
Emergency contact	(1)	(2)	(3)	
(Phone number)				

2. Disease history

*Fill in the required information, and circle the child's current condition.

	Diagnosis	Age diagnosed	Current condition	Remarks (medical institution, etc.)
Heart	Diagnosis []		Undergoing treatment / regular examination / recovered	
	Circle the applicable item Kawasaki disease / rheumatic fever / arrhythmia		Undergoing treatment / regular examination / recovered	
Kidneys	Diagnosis []		Undergoing treatment / regular examination / recovered	
	Circle the applicable item Edema / proteinuria / hematuria		Undergoing treatment / regular examination / recovered	
Other diseases or injuries	Diabetes		Undergoing treatment / regular examination / recovered	
	Spasms		Undergoing treatment / regular examination / recovered	
	Circle the applicable item→ Autonomic dysfunction / orthostatic intolerance		Undergoing treatment / regular examination / recovered	
	Mental/Neurological diseases ()		Undergoing treatment / regular examination / recovered	
	Difficulty hearing (left / right)		Undergoing treatment / regular examination / recovered	
	Impaired vision (left / right)		Undergoing treatment / regular examination / recovered	
	Other []		Undergoing treatment / regular examination / recovered	

3. Vaccination history, etc.

*Refer to the Mother and Child Health Handbook, and circle inoculations that have been received.

Type	Inoculation status		Not inoculated	Unknown	Already contracted
BCG	Inoculated				
Measles and rubella (MR)	1st term (Date:)	2nd term (Date:)			measles / rubella
Mumps	Inoculated				
Chickenpox	Inoculated				
DPT-IPV (diphtheria, whooping cough, tetanus, polio)	1st term initial	1st term booster	DT		
	1st 2nd 3rd				
Japanese encephalitis	1st term initial	1st term booster	2nd term		
	1st 2nd				
Hib	Inoculated				
Pediatric pneumococcus	Inoculated				
Hepatitis B	Inoculated				

4. Tuberculosis

Item	Grade	1	2	3	4	5	6
(1) Has the child ever had a tubercular disease (pulmonary tuberculosis, pulmonary infiltration, pleurisy, etc.)? (Circle the corresponding disease.)	No	No	No	No	No	No	No
	Yes	Yes	Yes	Yes	Yes	Yes	Yes
	Date:	Date:	Date:	Date:	Date:	Date:	Date:
(2) Has the child ever taken medicine to prevent tuberculosis?	No	No	No	No	No	No	No
	Yes	Yes	Yes	Yes	Yes	Yes	Yes
	Date:	Date:	Date:	Date:	Date:	Date:	Date:
(3) Has a family member or someone the child lives with ever had tuberculosis?	No	No	No	No	No	No	No
	Yes	Yes	Yes	Yes	Yes	Yes	Yes
	Date:	Date:	Date:	Date:	Date:	Date:	Date:
(4) Has the child spent 6 months or more abroad in the past 3 years? (Fill in the country name.)	No	No	No	No	No	No	No
	Yes	Yes	Yes	Yes	Yes	Yes	Yes
	Country:	Country:	Country:	Country:	Country:	Country:	Country:
(5) Has the child continued to cough or discharge phlegm for at least 2 weeks?	No	No	No	No	No	No	No
	Yes	Yes	Yes	Yes	Yes	Yes	Yes

5. Normal body temperature

Normal body temperature	°C
-------------------------	----

Name of Child		Sex	
---------------	--	-----	--

6. Allergies

*Fill in the required information on allergies, and circle the child's current condition.

Diagnosis	Age diagnosed	Current condition	Diagnosis	Age diagnosed	Current condition
Asthma		Undergoing treatment / regular examination / recovered	Food allergies		Undergoing treatment / regular examination / recovered
Atopic dermatitis		Undergoing treatment / regular examination / recovered	Drug allergies		Undergoing treatment / regular examination / recovered
Hay fever		Undergoing treatment / regular examination / recovered	Exercise-induced allergies		Undergoing treatment / regular examination / recovered
Allergic conjunctivitis		Undergoing treatment / regular examination / recovered	Other []		Undergoing treatment / regular examination / recovered
*Substances identified to cause allergies milk eggs wheat shrimp crab buckwheat peanuts walnuts Other foods [] Drug (s) [] Other []					
Circle if a doctor issued a prescription for "EpiPen®".					Yes

7. Current health condition

*Circle applicable items for the one-year period.

Fill in yearly and seal or sign.

Item	Grade	1	2	3	4	5	6
Internal medicine	(1) Sometimes has palpitations, dizziness, or lightheadedness						
	(2) Easily gets headaches or stomachaches						
	(3) Easily gets diarrhea or constipation						
	(4) Has asthma attacks						
	(5) Is taking asthma medicine						
	(6) Has spasms and loses consciousness						
	(7) Is taking medicine for spasms						
	(8) Has poor appetite and tires easily						
Dermatology	(1) Has a concerning skin disease						
Orthopedics (See the pictures on the back side)	(1) Uneven height of the shoulders or waistline when the child stands at attention while facing away.						
	(2)(3) When bowing, the height of the center or lower back is different on each side						
	(4) Bending backwards causes lower back pain						
	(5) Standing on one leg causes leaning or staggering						
	(6) Unable to crouch with heel planted on floor						
	(7) When palms are face up, the child cannot fully extend the arms, bend the arms, or when bent, the fingers do not reach the ears						
	(8) When raised, the arms do not come in contact with the ears						
	Ophthalmology	(1) Cannot easily see writing on the blackboard; squints to see distant objects					
(2) Left/right eyes are misaligned, looks with a tilted head, looks with eyes upturned rather than straight ahead, etc.							
(3) Reading a book causes eye fatigue or headaches							
(4) Often produces eye discharge or has itchy eyes, red eyes, dry eyes, or watery eyes							
(5) Difficulty seeing, bloodshot eyes, or discomfort when contact lenses are used							
(6) Use of colors is concerning		Circle items of concern and fill in section 8					
Ear, nose, and throat	(1) Difficulty hearing						
	(2) Has issues with pronunciation or a hoarse voice						
	(3) Frequent runny nose						
	(4) Frequent stuffy nose						
	(5) Gets a bloody nose easily						
	(6) Often has a fever accompanied by throat swelling or pain						
	(7) The mouth is usually open						
	(8) Occasionally snores						
	(9) ENT examination is preferred (Only children for which (1) to (8) apply but who have not been examined)	All students			All students		

8. Information you want to provide the school (health considerations, etc.)

Year 1 Diseases requiring periodic hospital visits: Hospital:
Year 2 Diseases requiring periodic hospital visits: Hospital:
Year 3 Diseases requiring periodic hospital visits: Hospital:
Year 4 Diseases requiring periodic hospital visits: Hospital:
Year 5 Diseases requiring periodic hospital visits: Hospital:
Year 6 Diseases requiring periodic hospital visits: Hospital:

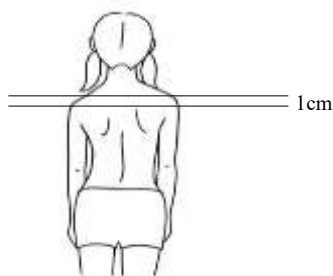
Seal or signature of guardian						
-------------------------------	--	--	--	--	--	--

Examining the spine and limbs

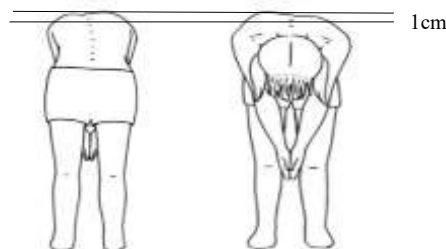
Have the child perform the following movements.

Circle the numbers on the previous page under "Orthopedics" in "7. Current health condition" that apply after checking the following at home.

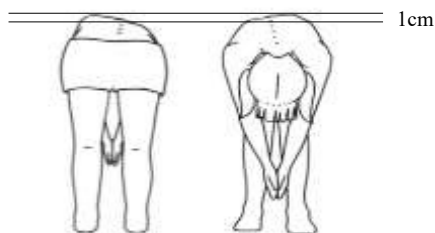
- (1) Uneven height of the shoulders or waistline when the child stands at attention while facing away. (1 cm or more)



- (2) When bowing, the height of the center back is different on each side (by 1 cm or more)



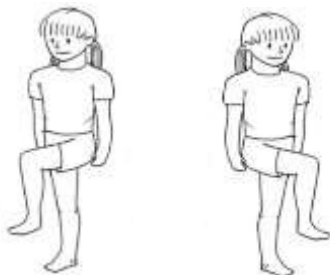
- (3) When bowing deeply, the height of the lower back is different on each side (by 1 cm or more)



- (4) Bending backwards causes lower back pain



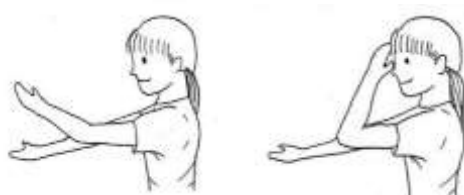
- (5) Standing on one leg causes leaning or staggering



- (6) Unable to crouch completely with heel planted on floor



- (7) When palms are face up, the child cannot fully extend the arms, bend the arms, or when bent, the fingers do not reach the ears



- (8) When raised, the arms do not come in contact with the ears



School name

Year			
Grade	1	2	3
Class			
Attendance No.			

Student Health Survey Sheet (confidential)

Yokohama Board of Education

◎ Request for filling in the health survey sheet

This survey sheet is important for us to understand the health condition of your child.

The personal information provided will be appropriately handled according to the “Yokohama City Personal Information Protection Ordinance”, and it will only be used for the following purposes.

- For contacting your family in case of a health emergency
- For reference to smoothly make a health diagnosis
- For reference for daily health management
- For providing information to health institutions, ward Health and Welfare Centers, etc., in case of accident or other emergencies

Statistical information, such as the number of cases at a school, may be used in school health statistics, etc., by the country, prefecture, or city government with the names of students redacted.

This survey sheet will be used until graduation. At the start of each year, you will be asked to fill in, update, or correct this survey sheet, sign or seal it, and then submit it to the homeroom teacher.

It will be stored with sufficient care by the school and returned upon graduation.

Furigana		Date of birth:
Name		(YYYY/MM/DD)

1. Home address and emergency contact

***If there are any changes, strikethrough existing information with two lines, and write the new information in the space.**

Home address				Name of Guardian
(Phone number)				
Emergency contact	(1)	(2)	(3)	
(Phone number)				

2. Disease history

***Fill in the required information, and circle the child's current condition.**

	Diagnosis	Age diagnosed	Current condition	Remarks (medical institution, etc.)
Heart	Heart disease []		Undergoing treatment / regular examination / recovered	
	Kawasaki disease / rheumatic fever / arrhythmia		Undergoing treatment / regular examination / recovered	
	Other []		Undergoing treatment / regular examination / recovered	
Kidneys	Kidney disease []		Undergoing treatment / regular examination / recovered	
	Edema / proteinuria / hematuria Other []		Undergoing treatment / regular examination / recovered	
Other diseases or injuries	Diabetes		Undergoing treatment / regular examination / recovered	
	Spasms		Undergoing treatment / regular examination / recovered	
	Autonomic dysfunction / orthostatic intolerance		Undergoing treatment / regular examination / recovered	
	Mental/Neurological diseases ()		Undergoing treatment / regular examination / recovered	
	Difficulty hearing (left / right)		Undergoing treatment / regular examination / recovered	
	Impaired vision (left / right)		Undergoing treatment / regular examination / recovered	
	Other []		Undergoing treatment / regular examination / recovered	

3. Vaccination history, etc.

***Refer to the Mother and Child Health Handbook, and circle inoculations that have been received.**

Type	Inoculation status		Not inoculated	Unknown	Already contracted
BCG	Inoculated				
Measles and rubella (MR) *Fill in the inoculation date	1st term (Date:)	2nd term (Date:)			measles / rubella
Mumps	Inoculated				
Chickenpox	Inoculated				
DPT-IPV (diphtheria, whooping cough, tetanus, polio)	1st term initial	1st term booster			
	1st 2nd 3rd	2nd term			
Japanese encephalitis	1st term initial	1st term booster			
	1st 2nd	2nd term			
Hib	Inoculated				
Pediatric pneumococcus	Inoculated				
Hepatitis B	Inoculated				

4. Tuberculosis

Item	Grade	1	2	3
(1) Has the child ever had a tubercular disease (pulmonary tuberculosis, pulmonary infiltration, pleurisy, etc.)? (Circle the corresponding disease.)		No Yes Date:	No Yes Date:	No Yes Date:
(2) Has the child ever taken medicine to prevent tuberculosis?		No Yes Date:	No Yes Date:	No Yes Date:
(3) Has a family member or someone the child lives with ever had tuberculosis?		No Yes Date:	No Yes Date:	No Yes Date:
(4) Has the child spent 6 months or more abroad in the past 3 years? (Fill in the country name.)		No Yes Country:	No Yes Country:	No Yes Country:
(5) Has the child continued to cough or discharge phlegm for at least 2 weeks?		No Yes	No Yes	No Yes

5. Normal body temperature

Normal body temperature	°C
-------------------------	----

Name of Student		Sex	
-----------------	--	-----	--

6. Allergies

*Fill in the required information on allergies, and circle the child's current condition.

Diagnosis	Age diagnosed	Current condition	Diagnosis	Age diagnosed	Current condition
Asthma		Undergoing treatment / regular examination / recovered	Food allergies		Undergoing treatment / regular examination / recovered
Atopic dermatitis		Undergoing treatment / regular examination / recovered	Drug allergies		Undergoing treatment / regular examination / recovered
Hay fever		Undergoing treatment / regular examination / recovered	Exercise-induced allergies		Undergoing treatment / regular examination / recovered
Allergic conjunctivitis		Undergoing treatment / regular examination / recovered	Other []		Undergoing treatment / regular examination / recovered
*Substances identified to cause allergies		milk eggs wheat shrimp crab buckwheat peanuts walnuts	Other foods []		
		Drug (s) []	Other []		
Circle if a doctor issued a prescription for EpiPen®.					Yes

7. Current health condition

*Circle applicable items for the one-year period.

Fill in yearly and seal or sign.

Item	Grade	1	2	3
Internal medicine	(1) Sometimes has palpitations, dizziness, or lightheadedness			
	(2) Easily gets headaches or stomachaches			
	(3) Easily gets diarrhea or constipation			
	(4) Has asthma attacks			
	(5) Is taking asthma medicine			
	(6) Has spasms and loses consciousness			
	(7) Is taking medicine for spasms			
	(8) Has poor appetite and tires easily			
Dermatology	(1) Has a concerning skin disease			
Orthopedics (See the pictures on the back side)	(1) Uneven height of the shoulders or waistline when the child stands at attention while facing away.			
	(2)(3) When bowing, the height of the center or lower back is different on each side			
	(4) Bending backwards causes lower back pain			
	(5) Standing on one leg causes leaning or staggering			
	(6) Unable to crouch with heel planted on floor			
	(7) When palms are face up, the child cannot fully extend the arms, bend the arms, or when bent, the fingers do not reach the ears			
	(8) When raised, the arms do not come in contact with the ears			
	Ophthalmology	(1) Cannot easily see writing on the blackboard; squints to see distant objects		
(2) Left/right eyes are misaligned, looks with a tilted head, looks with eyes upturned rather than straight ahead, etc.				
(3) Reading a book causes eye fatigue or headaches				
(4) Often produces eye discharge or has itchy eyes, red eyes, dry eyes, or watery eyes				
(5) Difficulty seeing, bloodshot eyes, or discomfort when contact lenses are used				
(6) Use of colors is concerning		Circle items of concern and fill in section 8		
Ear, nose, and throat	(1) Difficulty hearing			
	(2) Has issues with pronunciation or a hoarse voice			
	(3) Frequent runny nose			
	(4) Frequent stuffy nose			
	(5) Gets a bloody nose easily			
	(6) Often has a fever accompanied by throat swelling or pain			
	(7) The mouth is usually open			
	(8) Occasionally snores			
	(9) ENT examination is preferred (Only children for which (1) to (8) apply but who have not been examined)	All students		

8. Information you want to provide the school (health considerations, etc.)

Year 1
Diseases requiring periodic hospital visits:
Hospital:

Year 2
Diseases requiring periodic hospital visits:
Hospital:

Year 3
Diseases requiring periodic hospital visits:
Hospital:

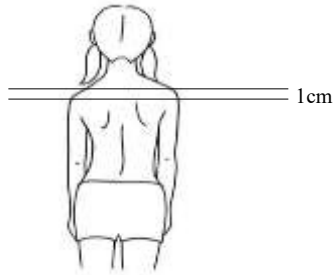
Seal or signature of guardian

Examining the spine and limbs

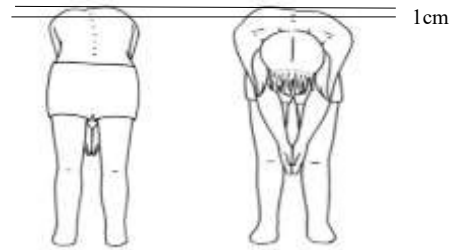
Have the child perform the following movements.

Circle the numbers on the previous page under “Orthopedics” in “7. Current health condition” that apply after checking the following at home.

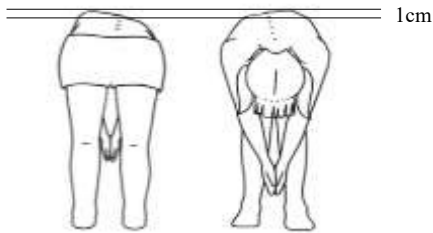
- (1) Uneven height of the shoulders or waistline when the child stands at attention while facing away. (1 cm or more)



- (2) When bowing, the height of the center back is different on each side (by 1 cm or more)



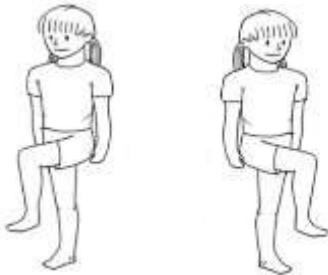
- (3) When bowing deeply, the height of the lower back is different on each side (by 1 cm or more)



- (4) Bending backwards causes lower back pain



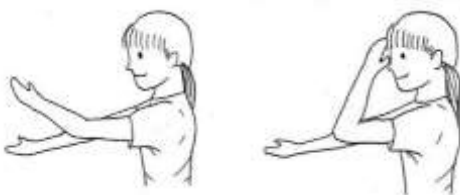
- (5) Standing on one leg causes leaning or staggering



- (6) Unable to crouch completely with heel planted on floor



- (7) When palms are face up, the child cannot fully extend the arms, bend the arms, or when bent, the fingers do not reach the ears



- (8) When raised, the arms do not come in contact with the ears



Notification of School Event or Activity Involving Parent / Guardian Participation

Date (YY/MM/DD):

☐ Attendance is mandatory ☐ Please attend if you have time

☐ Please sign and submit the parent / guardian consent form (separate form) if you cannot attend

◆ The following ☒ checked activity / event will be held.

<input type="checkbox"/> Parent-Teacher Conferences	<input type="checkbox"/> Class observation	
<input type="checkbox"/> Student presentations / performances	<input type="checkbox"/> Cultural festival	<input type="checkbox"/> Art exhibition
<input type="checkbox"/> Choir competition	<input type="checkbox"/> Club activity informational meeting	
<input type="checkbox"/> Parents and guardians meeting	<input type="checkbox"/> PTA general meeting	<input type="checkbox"/> Farewell ceremony
<input type="checkbox"/> Endurance running / marathon	<input type="checkbox"/> Rope jumping competition	
<input type="checkbox"/> Overnight-stay activity informational meeting (School trip Learning experience Field / seaside camp Outdoor school)		
<input type="checkbox"/> School (education) informational meeting	<input type="checkbox"/> Other ()	

◆ Date and Time (MM/DD) / ()

From _____:_____ to _____:_____

◆ Location

<input type="checkbox"/> Classroom	<input type="checkbox"/> Gymnasium	<input type="checkbox"/> Schoolyard
<input type="checkbox"/> Library	<input type="checkbox"/> Art room	<input type="checkbox"/> Music room
<input type="checkbox"/> Audio-visual room	<input type="checkbox"/> Auditorium	<input type="checkbox"/> Other ()

◆ Item(s) to Bring

☐ Indoor slippers ☐ Name tag ☐ Money for _____ (_____yen)

Year (grade): Class: Teacher:_____ TEL:_____

Sports Day / Athletics Festival Notification

Date (YY/MM/DD):

Sports Day: The children compete and perform in groups to learn the joy of exercise.

Parents and guardians come to watch their children. Most children's parents attend these events, and they often eat lunch together with their children as a family. (elementary school)

Athletics Festival:

Students compete and perform in athletics for a day to learn the joy of exercise. Parents and guardians may come to watch. (junior high school)

☐ Attendance is mandatory

☐ Please attend if you have time

◆ Date and Time (MM/DD) / ()

[in case of rain: (MM/DD) / ()]

From : to :

◆ Venue school / schoolyard

◆ Lunch

☐

Have your child bring a canteen / thermos

☐

Have your child bring a packed lunch

☐

Packed lunches will be eaten together with parents / guardians

☐

School lunches will be provided

◆ Clothing

☐

Students should wear P.E. clothes to school

☐

Students will change into P.E. clothes at school

◆ If it rains on (MM/DD) / ()

(1) School will be held on and students will be dismissed from school at : .

⇒ On the day of the event,

☐

bring a packed lunch.

☐

a packed lunch is not necessary.

(2) Sports day will be held on (MM/DD) / ()

⇒ On the day of the event,

☐

bring a packed lunch.

☐

a packed lunch is not necessary.

◆ If the weather is questionable and you are not sure when the event will be held, please prepare for both possibilities.

◆ (MM/DD) / () will be a school holiday.

Year (grade): Class: Teacher: TEL:

**Individual / Three-Person Meeting Notification
(For Parent / Guardian Scheduling)**

Date (YY/MM/DD):

Individual meetings: Parents / guardians come to the school to talk with their child's teacher individually regarding the status of the child's activities (studies, school life, etc.) at school. Parents / guardians are asked to tell the teacher about the child's life at home, as well.

Three-person meetings:

- Please put a ☒ check mark next to the day and time that is most convenient for you.

☐ (MM/DD) / (), _____:_____

☐ (MM/DD) / (), _____:_____

☐ (MM/DD) / (), _____:_____

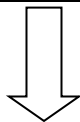
**Individual / Three-Person Meeting Notification
(For Notification of Schedule Decision)**

_____ 's individual / three-person meeting is scheduled to be held on

(MM/DD) / () at around _____:_____.

An interpreter (will / will not) be present

☐ I can attend on this day.



☐ I can no longer attend on this day. Please reschedule for the following:

(MM/DD) / (day of the week:), _____:_____ (time)

Name of Parent / Guardian _____ (signature)

Please submit this form to the teacher by (MM/DD) / _____.

Year (grade): Class: Teacher: _____ TEL: _____

Home Visit Notification (For Parent / Guardian Scheduling)

Date (YY/MM/DD):

The classroom teacher will visit the student's home.

Please tell the teacher about the student's life at home, convey any requests you may have for the teacher, etc.

Although the visit will be short, we kindly ask for your cooperation and understanding.

Please put a ☒ check mark next to the day/time that is most convenient for you.

☐ (MM/DD) / (), :

☐ (MM/DD) / (), :

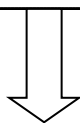
☐ (MM/DD) / (), :

Home Visit Notification (For Notification of Schedule Decision)

The teacher is scheduled to visit your home on

(MM/DD) / () at around :.

An interpreter (will / will not) be present



☐ This day is acceptable.

☐ This day is no longer possible. Please reschedule for the following:

(MM/DD) / (day of the week:), : (time)

Name of Parent / Guardian (signature)

Please submit this form to the teacher by (MM/DD) / .

Year (grade): Class: Teacher: TEL:

Notification of School Activity / Event

(Day Trip)

Date (YY/MM/DD):

This notice was sent to inform you that students will leave the school to visit another location.

1. Activity / Event Students will do the following ☒ checked activity / event.

☐ Field trip ☐ Local visit ☐ Sports competition

☐ Marathon ☐ Viewing of a musical performance

☐ Sketching activity ☐ Other ()

2. Date and Time (MM/DD)____ / ____ (), from ____:____ to ____:____

3. Meeting Time ____:____
(make sure to contact the school if your child will be absent)

Meeting Place (☐ School ☐ _____)

4. Destination _____

5. Clothing

☐ Regular (casual) clothing ☐ School uniform (standard school clothing)

☐ Jersey, P.E. clothes

6. Items to Bring

☐ Student guide / pamphlet ☐ Writing utensils

☐ Packed lunch ☐ Canteen / thermos

☐ Rain gear (umbrella, raincoat) ☐ Cash (max. yen)

☐ Knapsack ☐ Plastic bag ☐ Ground sheet

☐ Handkerchief, tissue paper ☐ Other items indicated on the attached sheet

7. Dismissal

Around ____:____ (at ☐ school ☐ _____)

Year (grade): Class: Teacher: _____ TEL: _____

Notification of School Activity / Event (Overnight Stay) Date (YY/MM/DD):

This notice was sent to inform you that students will leave the school to visit another location.

They will return after staying ____ night(s).

1. Activity / Event (_____)

2. Date and Time (MM/DD) ____ / ____ (____) ~ (MM/DD) ____ / ____ (____)

3. Meeting Time ____:_____
(make sure to contact the school if your child will be absent)

Meeting Place (☐ School ☐ _____)

4. Destination: _____

Lodging: _____ TEL: _____ (_____)

Lodging: _____ TEL: _____ (_____)

5. Clothing

- ☐ Regular (casual) clothing ☐ School uniform (standard school clothing)
☐ Jersey, P.E. clothes

6. Items to Bring

- ☐ Student guide / pamphlet ☐ Writing utensils ☐ Packed lunch
☐ Canteen / thermos ☐ Rain gear (umbrella, raincoat) ☐ Toiletries
☐ Cash (max. _____ yen) ☐ Jersey, P.E. clothes (for upper and lower body)
☐ Nightclothes / pajamas ☐ Socks and underwear (_____ sets)
☐ Winter clothing (coat, sweaters, etc.) ☐ Knapsack ☐ Plastic bag
☐ Ground sheet ☐ P.E. slippers ☐ Cotton work gloves
☐ Towel ☐ Handkerchief, tissue paper
☐ Other items indicated on the attached sheet

7. Dismissal Around ____:____ (at ☐ school ☐ _____)

Year (grade): _____ Class: _____ Teacher: _____ TEL: _____

**Notification of Participation and
Parent / Guardian Consent Form**
**(Overnight Stay
Activity / Event: _____)**

Date (YY/MM/DD):

I understand the purpose of this activity / event. I promise that the student will engage in group activities in a disciplined manner, and I permit them to participate in the activity / event.

During participation, if the student breaks the rules of group activities, suddenly becomes sick or injured, or is involved in a similar incident, I give complete authority to the school principal to take emergency measures and actions to remedy the problem, and I will cooperate fully in terms of keeping in contact, following instructions, etc.

Year (grade): Group: No.:	Student name	Date of birth (YY/MM/DD) / /
Address (starting with ward)		
Home telephone no.		
Emergency contact	Name: TEL: () —	

Required information on existing diseases / conditions and other considerations:

- ☐ Existing diseases/conditions (name(s): _____)
 ☐ Bed-wetting
☐ Extreme motion sickness when riding vehicles
☐ Allergies (place a ☒ check mark by any item the child currently has symptoms of, is receiving treatment at the hospital for, takes medicine for, etc., and any item that requires management)

- | | | |
|---|---|--|
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Atopic dermatitis | <input type="checkbox"/> Allergic rhinitis (including hay fever) |
| <input type="checkbox"/> Allergic conjunctivitis | <input type="checkbox"/> Food allergy / allergies | <input type="checkbox"/> Drug allergy / allergies |
| <input type="checkbox"/> Exercise-induced allergy | <input type="checkbox"/> Other(s) () | |

Specific items or ingredients that trigger allergic reaction:

- | | | | | |
|---------------------------------------|------------------------------------|----------------------------------|--|------------------------------|
| <input type="checkbox"/> Wheat | <input type="checkbox"/> Buckwheat | <input type="checkbox"/> Peanuts | <input type="checkbox"/> Milk | <input type="checkbox"/> Egg |
| <input type="checkbox"/> Soy | <input type="checkbox"/> Shrimp | <input type="checkbox"/> Crab | <input type="checkbox"/> Medicine(s) () | |
| <input type="checkbox"/> Other(s) () | | | | |

Name of Parent / Guardian _____ (signature)

Year (grade): Class: Teacher: _____ TEL: _____

Graduation Ceremony Notification

Date (YY/MM/DD):

To Parents and Guardians of
6th-year / 3rd-year Students

Yokohama City _____ School

Principal

Graduation Ceremony (Diploma Presentation Ceremony) Notification

A graduation ceremony will be held as follows. We hope you will be able to attend.

1. Date and Time (YY/MM/DD) _____ / _____ / _____ (_____)

The ceremony starts at _____ : _____ (a.m. / p.m.)

* Parents and guardians should arrive by _____ : _____ (a.m. / p.m.)

2. Venue Yokohama City (_____) School gymnasium

3. Other details We request that guests do not come by car.

Please bring indoor-use slippers.

* Clothing: Because this is an important ceremony, both parents/guardians and students are expected to dress appropriately.

Third-year junior high school students wear their school uniforms (standard school clothing).

Sixth-year elementary school students wear different types of clothing, such as a suit and blazer, a dress shirt and necktie, a sweater, the school uniform (standard school clothing) of the junior high school they will enter, etc. If you are not sure what type of clothing is appropriate, please consult with the student's teacher in advance.

Year (grade): Class: Teacher: _____ TEL: _____

Notification of Special Schedule (Temporary School Closure / No Lunch / Schedule Change / Other)

Date (YY/MM/DD):

☐ (MM/DD) / / ☐ From (MM/DD) / / to / /

☐ School will not be held ☐ School will be temporarily canceled for your child's grade ☐ School will be temporarily canceled for your child's class

☐ Lunch will not be served ☐ Students will be dismissed around ____:____

☐ Class will be held even despite the holiday ☐ School will begin at ____:____

☐ Students will be dismissed around ____:____

<<Reason>>

☐ National holiday ☐ Saturday / Sunday class observation ☐ Substitute holiday for ____

☐ Anniversary of the opening of Yokohama's port ☐ School founding anniversary ☐ Influenza outbreak

☐ Schedule change ☐ Other ()

Lunch time Schedule Notice

From (MM/DD) / / () to (MM/DD) / / ()

☐ School lunches will be served

☐ Students must bring packed lunches

Year (grade): Class: Teacher: _____ TEL: _____

Notification of Long School Break

Date (YY/MM/DD):

[Summer Break]

☆ The school will be closed for summer break during the following period:

July _____ () to August _____ ()

★ School will be held on (MM/DD) _____ / _____ ().

Please come to school at _____ : _____ .

☆ School will resume on August _____ ().

[Winter Break]

☆ The school will be closed for winter break during the following period:

December _____ () to January _____ ()

★ School will be held on (MM/DD) _____ / _____ ().

Please come to school at _____ : _____ .

☆ School will resume on January _____ ().

[Spring Break]

☆ The school will be closed for spring break during the following period:

March _____ () to April _____ ()

★ School will be held on (MM/DD) _____ / _____ ().

Please come to school at _____ : _____ .

○ The new school year begins in April.

○ The school's opening ceremony will be held on April _____ ().
Students will begin classes in a new grade.

○ Students will be notified of their new classes and teachers during the opening ceremony.

* If any accident or other problem occurs during the school break period, please contact the school.

_____ School

TEL: 045 () _____

Notification of Attendance / Absence

Date (YY/MM/DD):

☐ I will (be able to / not be able to) attend the class observation.

☐ I will (be able to / not be able to) attend the parent–teacher conference.

☐ I will (be able to / not be able to) attend _____.

Year (grade): _____ Class: _____ No: _____

Student name ()

Name of Parent / Guardian () (signature)

Please submit this notification to the classroom teacher by (MM/DD) / ().

Year (grade): _____ Class: _____ Teacher: _____ TEL: _____

Notification of Participation in Activity

Date (YY/MM/DD):

Please confirm whether your child will participate in the ☒ checked item below.

☐ Swimming practice
 ☐ Field trip / local visit

☐ Special club () club)

☐ Away game / match / competition
 ☐ Endurance running / marathon

☐ Overnight-stay activity
 (School trip Learning experience Field / seaside camp Outdoor school)

☐ Other ()

Please place a ✓ check mark by one of the following.

- ☐ My child has no health-related or other problems and will participate in the activity.
- ☐ My child cannot participate due to a specific reason.

(YY/MM/DD) / / ()

Year (grade): Class: Student no.:

Student name ()

Name of Parent / Guardian () (signature)

Please submit this notification to the classroom teacher by (MM/DD) / ().

Year (grade): Class: Teacher:_____ TEL:_____

Swimming Class Permission Form

Date (YY/MM/DD):

My child has no restrictive health conditions and may participate in swimming class.

Year (grade): Class:

Student name ()

Name of Parent / Guardian () (signature)

If your child cannot participate, please explain the reason.

☐ Health-related reason (illness / injury / etc.:)

☐ Religious reasons

☐ Other reason ()

Please submit this permission form to the teacher by (MM/DD) / ().

Year (grade): Class: Teacher: _____ TEL: _____

Consent Form Regarding Use of Personal Information

Date (YY/MM/DD):

To Parents and Guardians

Yokohama City
Principal

School

Consent Form Regarding Use of Personal Information

Concerning use of personal information by the school and the PTA, we take great care to protect such information based on the “Yokohama Regulations on Protection of Personal Information.”

We make an effort to prevent people’s names and photographs on the website from being identifiable. However, concerning individuals involved with the school, there are some cases where photographs, names as parts of award notifications and other such information may be distributed as part of school operations, in school newsletters, PTA brochures and public relations materials, class communications, in school graduation albums, etc.

We request that you fill out the following consent form to indicate the intention of the student and parent(s) / guardian(s) and submit it to the classroom teacher.

If you fail to submit this form, you will be judged to be in agreement with the conditions regarding publication of personal information. Therefore, we request your cooperation in submission of this form.

Submission Deadline (MM/DD): _____ / _____ (_____) (Submit to the classroom teacher)

_____ Cut Here _____

Consent Form Regarding Publication of Names, Photographs, etc.

(1) I consent to publication of photographs, works, names, etc.

(2) Concerning publication of personal information, I have the following request(s):

Request(s):

(3) I do not want personal information to be published.

Year (Grade): _____ Class: _____ Student Name: _____

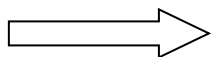
Name of Parent / Guardian _____ (signature)

Year (grade): _____ Class: _____ Teacher: _____ TEL: _____

**Information for Emergency Response in
Case of an Official Warning, Disaster, etc.**

Date (YY/MM/DD):

If an **official storm warning (strong winds or heavy snow)** has been issued for Kanagawa Prefecture or eastern Kanagawa Prefecture **by 6:00 a.m.:**

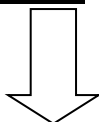


School closures (a school holiday) will be implemented.

In the case of a heavy rain warning, flooding warning or warning type other than the strong wind and heavy snow warnings mentioned above, please decide on your own whether or not you will send your child(ren) to school.

* If your child will be late or absent, make sure to contact the school.

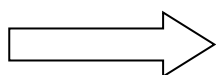
If a **strong winds or heavy snow warning** is issued **while students are at school:**



The principal will make a decision to take one of the following measures based on the current situation, and each student's family will be contacted.

1. Return home in groups: Students will divide into groups based on their return routes, and staff members will accompany them home.
2. Early dismissal: Students will return home earlier than usual.
3. Parent / guardian pick-up at school: Parents / guardians must come to pick up their children at school.

If an earthquake rated as “Strong 5” (5-kyō) or greater on the Japanese seismic intensity scale occurs:



Parent / guardian pick-up at school: Classes will be canceled and parents / guardians must come to the school to pick up their children. (Due to the effects of the earthquake, the school may not be able to contact parents / guardians.)

Year (grade): Class: Teacher: _____ TEL: _____

**Contacting the Student's Home
from the School Part I**

(Concerning Your Child's Health / Items
to Bring / Your Seal (*Inkan*) is Required)

Concerning Your Child's Health

Date (YY/MM/DD):

This notice is being sent to inform you that the following condition (☒ checked box below) has been noticed in your child.

- | | |
|---|---|
| <input type="checkbox"/> The child seems to lack energy | <input type="checkbox"/> The child seems tired |
| <input type="checkbox"/> The child has a fever | <input type="checkbox"/> The child had an asthma attack |
| <input type="checkbox"/> The child appears to be feeling ill | |
| <input type="checkbox"/> The child seems to be distracted / bothered by something | |
| <input type="checkbox"/> Something specific has occurred | |



- | | |
|---|--|
| <input type="checkbox"/> Please talk with the child | <input type="checkbox"/> Have the child rest for a while |
| <input type="checkbox"/> The child should probably visit a doctor | |

Item(s) to Bring to School

We request that the child bring the following item(s) to school.

1. Date (MM/DD) _____ / _____ (_____)

2. Item(s) to bring (_____)

- | | |
|---|---|
| <input type="checkbox"/> Please ask your child about it | <input type="checkbox"/> Please refer to the attached sheet |
|---|---|

Your Seal (*Inkan*) is Required

- ☐ Please stamp the area with the ○ mark using your seal (*inkan*).
- ☐ Please have your child bring your seal (*inkan*) to school.

Year (grade): _____ Class: _____ Teacher: _____ TEL: _____

Contacting the Student's Home from the School Part II

(School Wants to Contact the Child's Parent / Guardian)

Date (YY/MM/DD):

☐ <Please contact us via telephone>

() wishes to contact you. Please call:

045 – —

☐ <Please come to the school>

There is something we wish to discuss with you. We request that you come to the school.

Please come to school on (MM/DD) / ()
from : to : (approx. time).

An interpreter (will / will not) be present.

* If you cannot come at this time, please tell us when you are free.

I can go to the school on (MM/DD) / (day of the week:)
between : and : (time), or
on (MM/DD) / between : and : (time).

☐ <A school staff member will visit your home>

There is something we wish to discuss with you. _____ will visit your home.

S/he will visit on (MM/DD) / ()
from : to : (approx. time)

An interpreter (will / will not) attend.

* If you cannot come at this time, please tell us when you are free.

I will visit the school on (MM/DD) /
(day of the week:) between : and : (time).

Please visit our home at (MM/DD) /
(day of the week:) between : and : (time).

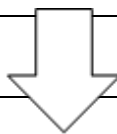
Year (grade): Class: Teacher: _____ TEL: _____

Contacting the School from the Student's Home

Make sure to contact the school in the following cases.

Place a ☒ check mark in the appropriate box and submit this form to the classroom teacher.

- ☐ On (YY/MM/DD) ____ / ____ / ____,
- ☐ My child will take the day off ☐ I will visit to observe P.E. class
- ☐ My child will be late (s/he will arrive around ____ : ____ (time))
- ☐ My child will leave early (s/he will leave around ____ : ____ (time))
- ☐ My child will be absent for a period of time:
- From (YY/MM/DD) ____ / ____ / ____ (day of the week: _____)
- to (YY/MM/DD) ____ / ____ / ____ (day of the week: _____)



Reason:

- | | |
|--|---|
| <input type="checkbox"/> Family-related matter | <input type="checkbox"/> Return to visit his/her home country |
| <input type="checkbox"/> Illness | <input type="checkbox"/> Injury |
| <input type="checkbox"/> S/he caught a cold | <input type="checkbox"/> S/he will go to the hospital |
| <input type="checkbox"/> Fever | <input type="checkbox"/> Upset stomach |
| <input type="checkbox"/> Headache | <input type="checkbox"/> S/he doesn't feel well |
| <input type="checkbox"/> Other (_____) | |

Year (Grade): Class: Student Name: _____

Name of Parent / Guardian _____ (signature)

Year (grade): Class: Teacher: _____ TEL: _____

If Transfer of School-Related Funds Could Not Be Completed

To: _____

Date (YY/MM/DD): _____

We were unable to transfer a school-related payment from your bank account.

Funds for (month) _____ in the amount of _____ yen

We will attempt to collect the funds again as follows (☒ see checked box below):

<input type="checkbox"/> Please deposit the funds necessary into your account by (MM/DD)____ / ____ (). We will attempt to transfer the payment again.
--

<input type="checkbox"/> Please bring cash payment to the school by (MM/DD)____ / ____ ().

Year (grade): Class: Teacher: _____

TEL: _____

Ayumi (Student Evaluation)

Year (grade):

Class:

Student No.:

Subject	Perspectives	Status
Japanese	Interest, drive and attitude regarding Japanese	
	Speaking and listening abilities	
	Writing ability	
	Reading ability	
	Language knowledge, understanding and skill	
Social Studies	Interest, drive and attitude regarding social phenomena	
	Social thinking, judgment and expression	
	Skill at observing and utilizing materials	
	Knowledge and understanding of social phenomena	
Arithmetic	Interest, drive and attitude regarding arithmetic	
	Mathematical thinking	
	Skill pertaining to quantities and shapes	
	Knowledge and understanding of quantities and shapes	
Science	Interest, drive and attitude regarding natural phenomena	
	Scientific thinking and expression	
	Skill at observation and experimenting	
	Knowledge and understanding of natural phenomena	
Life Studies	Interest, drive and attitude regarding life studies	
	Thinking and expression in regard to activities and experiences, etc.	
	Awareness of surrounding environment, self, etc.	
Music	Interest, drive and attitude regarding music	
	Creative musical expression	
	Skill in musical expression	
	Ability to appreciate music	
Drawing and Crafts	Interest, drive and attitude regarding molding and shaping	
	Ability to think and conceptualize	
	Creative abilities	
	Ability to appreciate art	
Home Economics	Interest, drive and attitude regarding home economics	
	Creative ability as it relates to daily life	
	Lifestyle skills	
	Knowledge and understanding of home economics	
P.E.	Interest, drive and attitude regarding exercise, health and safety	
	Thinking and judgment regarding exercise, health and safety	
	Athletic ability	
	Knowledge and understanding of health and safety	

Foreign Language Activities Record	
Interest, drive and attitude regarding communication	
Familiarity with foreign language	
Awareness regarding language, culture, etc.	

Status of Studies in Each Subject

Each subject in this column is evaluated as follows:

Excellent ◎
Good ○
Needs improvement △

Status of Integrated Studies

Status of Special Activities

Special Activities	Class activities
	Student council
	Club activities
	School activities / events

Evaluation method for special activities and behavior/conduct:

Excellent ◎
Good ○

Status of Behavior / Conduct

Behavior / Conduct	Basic living habits	
	Improvement of health and physical fitness	
	Autonomy and independence	
	Sense of responsibility	
	Creativity and imaginative abilities	
	Cooperation and consideration for others	
	Respect for life and kind / protective attitude toward nature	
	Hard work and sense of service	
	Sense of justice and fairness	
	Sense of public spirit and duty	

No. of Days in Attendance and Days Absent

Month								Total	Grand Total
No. of class days									
Suspension of attendance, leave for mourning, etc.									
No. of days absent									
No. of days in attendance									

Renraku-chō (Correspondence Notebook)

Yokohama City

Junior High School

Academic Year:

Principal:

Year (Grade):

Class:

Student No.:

Student Name:

Teacher:

Learning Evaluations from Differing Perspectives								
Required Subjects								
Subject	Perspectives	1st Semester		2nd Semester		End of Academic Year		Observations by Teacher in Charge of Subject
		Letter Grade	Numerical Grade	Letter Grade	Numerical Grade	Letter Grade	Numerical Grade	
Japanese	Interest, drive and attitude regarding Japanese							<p>★ Actual progress toward fulfillment of goals is evaluated overall using a five-level system.</p> <p>5..... Thoroughly achieves goals to the point of being outstanding</p> <p>4..... Thoroughly achieves goals</p> <p>3..... Achieves goals overall</p> <p>2..... Fails to meet goals in certain areas—more effort is needed</p> <p>1..... Fails to meet goals in many areas—great</p>
	Speaking and listening abilities							
	Writing ability							
	Reading ability							
	Language knowledge, understanding and skill							
Social Studies	Interest, drive and attitude regarding social phenomena							
	Social thinking, judgment and expression							
	Skill at observing and utilizing materials							
	Knowledge and understanding of social phenomena							
Math	Interest, drive and attitude regarding math							
	Mathematical thinking							
	Mathematical ability							
	Knowledge and understanding of quantities and shapes							
Science	Interest, drive and attitude regarding natural phenomena							
	Scientific thinking							
	Observational and experimental skill and expression							
	Knowledge and understanding of natural phenomena							
Music	Interest, drive and attitude regarding music							
	Creative musical expression							
	Skill in musical expression							
	Ability to appreciate music							
Art	Interest, drive and attitude regarding art							
	Ability to think and conceptualize							
	Creative abilities							
	Ability to appreciate art							
Health and Physical Education	Interest, drive and attitude regarding exercise, health and safety							
	Thinking and judgment regarding exercise, health and safety							
	Athletic ability							
	Knowledge and understanding of health and safety							
Domestic Science	Interest, drive and attitude regarding lifestyle and technology							
	Creative ability as it relates to daily life							
	Lifestyle skills							
	Knowledge and understanding of lifestyle and technology							
English	Interest, drive and attitude regarding communication							
	Foreign language expressive capabilities							
	Foreign language comprehension capabilities							
	Knowledge and understanding of language, culture, etc.							

★ Actual progress toward fulfillment of goals is evaluated using the following five letter-symbol combinations.

A°..... Performance was thoroughly satisfactory to the point of being outstanding

A..... Performance was thoroughly satisfactory

B..... Performance was satisfactory overall

C°..... More effort is needed

Record of Integrated Studies

Committee / Representative Activities	Club Activities

Record of Attendances and Absences													
	Apr.	May	June	July	Aug.	Sep.	Oct.	Nov.	Dec.	Jan.	Feb.	Mar.	Total
Number of class days													
Suspension of attendance, leave for mourning, etc.													
No. of days of attendance required													
No. of days absent													
No. of days in attendance													
No. of days late													
No. of days left early													

Additional Comments

Seals		
Principal	Classroom Teacher	Parent / Guardian

Comments from Parent / Guardian:

Notification of Membership in the Japan Sport Council for the _____ School Year

Yokohama Board of Education

★ What is the Japan Sport Council?

Although we take the greatest care possible to make sure that children can enjoy healthy and safe school lives, children may at times receive unexpected injuries while at school. The Japan Sport Council independent administrative agency has established a mutual aid accident / injury insurance system established under stipulation of law to provide money to pay medical bills, various types of relief money, etc. In general, membership in the Japan Sport Council is voluntary; however, up until present (as of May 1) every student enrolled in a Yokohama Public school has also enrolled as a member in this system, and numerous individuals receive benefit payments for medical and other costs every year.

★ Who is eligible to receive benefit payments?

Students who are injured or otherwise involved in an accident or disaster during class time or extracurricular activities, as well as during break time and during their commute to or from school, are eligible to receive mutual aid benefits. However, in traffic accidents and certain other such cases where compensation for damages or other such payments are received, mutual aid benefits may not be provided.

★ What types of benefits are available and how much is provided?

When someone undergoes a medical examination at a hospital in response to an injury or other problem, payment equivalent to four-tenths of total medical costs (medical services covered by medical insurance, based on the Health Insurance Act) will be provided. However, benefit payment will not be provided for medical treatment fees that do not total 5,000 yen or more, for any portion the patient in question receives as a return from the Health Insurance Association or other organization for high-cost medical treatment, and in other such specific cases. Additionally, extra (optional) bed / room charges incurred during hospitalization, false teeth implants and other costs not covered under health insurance are not covered by this system.

If any after-effect resulting from an injury or other incident is present, relief money payment ranging from 820,000 (class 14) yen to 37,700,000 yen (class 1) will be made depending on the level of severity. (However, the amount will be halved if the injury or other incident occurred on the way home from school.)

If an incident results in death, a relief money payment of 28,000,000 yen will (depending on the circumstances) be provided. (However, if the death is sudden and not related to exercise or other such situations, or if it occurs on the way home from school, the amount will be halved.)

★ What about premiums?

The cost for the parent / guardian is 460 yen (annual premium) – 485 yen is paid by the Yokohama Board of Education.

Receipts and insurance certificates for premiums paid are issued to the PTA president or a similar representative with all payments lumped together as one. These documents will not be issued to parents and guardians individually. We appreciate your understanding regarding this matter.

= For further details, please contact your school. =

Year (grade): Class: Teacher: _____ TEL: _____

Influenza Warning / Request Document

Date (YY/MM/DD):

To All Parents and Guardians

Yokohama Public

School

Principal

Request for Health Monitoring

According to the City of Yokohama Public Health Center, influenza has spread in the city of Yokohama. () students have been absent from your school after showing symptoms of influenza. Monitoring of student health is being implemented on a daily basis at schools. To prevent further spread of the disease, we will continue with strict enforcement of hand-washing and gargling as part of strengthened efforts.

We ask for parents and guardians to continue providing assistance in the following ways:

1. Take your child's temperature every day before they go to school, and only allow them to attend if they have no signs of fever.
2. Make sure that your child washes their hands regularly using soap, gargles, wears a mask if they develop a cough, and observes cough- and sneeze-related etiquette (when coughing or sneezing, face away from people and cough / sneeze into a tissue, then immediately throw the tissue away in a trash can (preferably one with a lid)).
3. If your child develops a fever or otherwise feels unwell, have them stay home from school until they can sufficiently recuperate.
4. If your child will be absent because they are not feeling well, please contact the school and tell them about your child's condition.
 - (1) Report the condition of their fever (measured at ____°C at ____:____ [time]).
 - * Make sure to check the child's temperature, and report this information regardless of whether or not they have a fever.
 - (2) Report whether or not you took them for an examination by your family doctor or at any other medical institution. If they did receive an examination, please provide the following information to the school:
 - Diagnosis
 - If diagnosed as influenza, what day they will be able to return to school
5. If your child is not feeling well and symptoms are caused by an underlying disease (asthma or other respiratory illness, chronic disease, diabetes, kidney problems, etc.), take your child to a medical institution as soon as possible for examination.
6. We believe it is best to have your child take a break from their studies, cram school (*juku*) and other such activities when they are not feeling well.
7. In order to increase your child's immune system, have them go to bed and wake up early, serve them nutritionally balanced meals, and make every effort to provide a well-balanced daily lifestyle.

Contact: Yokohama Public

School

TEL: (—) FAX: (—)

Date (YY/MM/DD):

To All Parents and Guardians

Yokohama Public
Principal

School

Notification of Temporary School Cancellation for a Class Due to Influenza and Request to Parents / Guardians

According to the City of Yokohama Public Health Center, influenza has spread around Yokohama. Because _____ students are now absent from the _____ grade _____ class after exhibiting symptoms of influenza, we will be temporarily cancelling school for the class in question as follows in response to instructions issued by the Yokohama Board of Education.

1. Class to be Temporarily Canceled: _____ grade _____ class

Cancellation Period (MM/DD): from _____ / _____ () to _____ / _____ ().

Depending on the status of the influenza outbreak, the cancellation period may be changed in response to instructions issued by the Board of Education, in which case you will be contacted via the telephone chain or other such means.

2. Prevention of Infection by and Spread of Influenza

- (1) Make sure that your child washes their hands regularly using soap, gargles, wears a mask if they develop a cough, and observes cough-related etiquette
- (2) If your child is not feeling well and symptoms are caused by an underlying disease (asthma or other respiratory illness, chronic disease, diabetes, kidney problems, etc.), take your child to a medical institution as soon as possible for examination.
- (3) When your child is feeling unwell, have them avoid leaving home for non-essential and non-urgent matters. If they must go out, have them wear a mask, thoroughly wash their hands and gargle in order to prevent spreading the disease.
- (4) Please explain to your child the reason for the temporary cancellation, why they cannot play outside and so forth, and have them spend their time indoors.
- (5) We believe it is best to have your child take a break from their studies, cram school (*juku*) and other such activities during the temporary cancellation period.
- (6) In order to increase your child's immune system, have them go to bed and wake up early, serve them nutritionally balanced meals, and make every effort to provide a well-balanced daily lifestyle.
- (7) In general, students in the class that has been canceled cannot take part in special activities (club activities) and other extracurricular activities.

3. Other Information

Regardless of whether or not individual students of the temporarily canceled class are feeling unwell, they are not allowed to take part in Hamakko Fureai School, after-school kids' clubs and children's after-school clubs.

Contact: Yokohama Public

School

TEL: (—) FAX: (—)

Grade_____ Class_____ No._____ Student Name_____

Date Filled Out: _____(YYYY) _____(MM) _____(DD)

Dental Health Questionnaire

This questionnaire will enable the dentist to understand the condition of your teeth, and will be used as reference material for effectively and comprehensively facilitating daily health management and dental checkups. Circle the answers that apply to each of the following statements.

(1) I have concerns over uneven teeth and bite alignment.	Yes	No
(2) The joint(s) in my jaw sometimes hurt(s) when I open my mouth.	Yes	No
(3) The joint(s) in my jaw sometimes make(s) a noise when I open my mouth.	Yes	No
(4) I have concerns about bad breath.	Yes	No
(5) I sometimes open my mouth and chew loudly.	Yes	No
(6) My mouth is always open.	Yes	No
(7) My gums sometimes bleed when I brush my teeth.	Yes	No
(8) My teeth and/or inside of my mouth hurt currently hurt.	Yes	No

Date (YY/MM/DD):

To All Parents and Guardians

Yokohama Public

School Principal

School Dentist

Recommendations Following Dental Check-Up

The following are the results of your child's oral and dental check-up.

1. Your child has a bad tooth (cavity) or a potential bad tooth (cavity).
2. Your child has gum disease.
3. Your child's teeth have tartar (plaque).
4. We recommend taking your child to see a professional concerning their teeth alignment / occlusion (alignment between upper and lower teeth) / jaw.
5. Other (baby teeth that require attention, etc.:)

We recommend that you take your child to a dentist to receive an examination as soon as possible.

After receiving the examination, the parent / guardian is requested to fill out the medical examination report below and submit it to the school.

----- Cut Here -----

<To Be Filled in by the Parent / Guardian>

Date (YY/MM/DD):

Principal

Medical Examination Report

Year (grade): Class: Name:

Completed by (parent / guardian):

I hereby report that my child has received a dental examination.

1. S/he was treated for a bad tooth or teeth (cavity / cavities).
2. S/he received gum treatment.
3. S/he had tartar (plaque) removed.
4. Other ()

Date of Completion of Procedures (YY/MM/DD): / /

Name of Medical Institution ()

Date (YY/MM/DD):

To All Parents and Guardians

Yokohama Public

School Principal

School Ophthalmologist

Recommendations Following Eye Check-Up

Based on the results of an eye check-up, we were able to determine the child's visual acuity (as shown below). We recommend taking your child to an ophthalmologist for an eye examination. When taking them in for the examination, please take your health insurance card with you.

The following columns show the child's eyesight while using their eyeglasses or contact lenses.

Grade Eye	1	2	3	4	5	6
Right	()	()	()	()	()	()
Left	()	()	()	()	()	()

- After the ophthalmologist completes the eye examination and fills in the proper sections, please submit the form to your school.

----- Cut Here -----

School Principal

Date (YY/MM/DD):

Name of Medical Institution

Name of Ophthalmologist

(signature)

Examination Results

Year (Grade): _____ Class: _____ Name: _____

(1) Diagnosis

Right Eye: 1. Myopia 2. Myopic Astigmatism 3. Hyperopia
 4. Hypermetropic Astigmatism 5. Mixed Astigmatism 6. Normal Vision
 Left Eye: 1. Myopia 2. Myopic Astigmatism 3. Hyperopia
 4. Hypermetropic Astigmatism 5. Mixed Astigmatism 6. Normal Vision

(2) Visual Acuity

	Unaided Vision	Corrected	Using Current Lens
Right			
Left			

(3) Follow-up

1. Use eyeglasses / contacted lenses 2. Lens replacement needed
 3. Requires detailed examination, treatment, etc. 4. Requires follow-up treatment 5. Other

Date (YY/MM/DD):

To All Parents and Guardians

Yokohama Public

School Principal

School Physician

Recommendations Following Medical Check-Up

Based on the results of a medical check-up, we believe your child may have one or more illnesses related to the following field(s) of medicine. We recommend taking your child to see a doctor for a medical examination as soon as possible.

- | | |
|---|------------------|
| 1. Pediatrics / Internal Medicine | 2. Ophthalmology |
| 3. Otorhinolaryngology (ear, nose and throat) | 4. Other () |

Diagnosis: _____

- When taking your child in for the examination, please take your health insurance card with you.
- After receiving the examination, the parent / guardian is requested to fill out the medical examination report below and submit it to the school.

----- Cut Here -----

<To Be Filled in by the Parent / Guardian> Date (YY/MM/DD):

School Principal

Medical Examination Report

Year (grade): _____ Class: _____ Name: _____

Completed by (parent / guardian): _____

I hereby report that my child has received a medical examination of the following type at a medical institution.

- | | |
|---|------------------|
| 1. Pediatrics / Internal Medicine | 2. Ophthalmology |
| 3. Otorhinolaryngology (ear, nose and throat) | 4. Other () |

Examination Date (YY/MM/DD): / /

Name of Medical Institution ()

Name of Illness ()

Notes for the school, etc.:

Date (YY/MM/DD):

School Principal

Notice of Recovery

Based on a doctor's medical examination, the child has recovered from:

1. Influenza 2. Measles 3. Epidemica parotitis (mumps) 4. Rubella (three-day measles)

5. Varicella (chicken pox) 6. Pharyngoconjunctival fever (pool fever)

7. Epidemic keratoconjunctivitis (pink eye) 8. Other ()

This notification is being sent to report that the child has received a medical examination to determine when they will be able to return to school.

Period of Absence: from (YY/MM/DD): / / (day of the week:)
to / / (day of the week:)

Name of Institution Administering Medical Examination	
---	--

* The following section is to be filled out by the parent / guardian

Student	Year and Class	Year (Grade):	Class:
	Name		
Name of Parent / Guardian:			

Date (YY/MM/DD):

To Parents and Guardians

Yokohama Public

School Principal

Notification of Pinworm Egg Testing

Pinworm egg testing will be conducted as follows. When pinworms are present, various symptoms occur including itching in the anal area and restlessness. If you discover a pinworm egg, consult with a hospital, medical clinic or pharmacy as soon as possible.

Distribution of testing paper (MM/DD):	/	()					
Testing period: 2 days, from	/	()	to	/	()
Submission:	/	()					

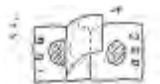
*** The final submission deadline is 9:00 a.m. on / . Make sure to submit the testing paper on time.**

[Testing Method]

- Write your child's grade (year), class, student number, name and gender on the front of the bag.
- Conduct the test immediately after the child wakes up in the morning (before defecation).
- Conduct the test two times (it is acceptable if time lapses between the two tests).

<<First Day>>

- [1] Pull back the first-day (1 日目) cellophane paper.



- [2] Press the center of the blue circle strongly against the anus using your finger.



- [3] Afterward, return the cellophane paper to its original position.

<<Second Day>>

- [1] Pull back the second-day (2 日目) cellophane paper.



- [2] Conduct testing using the same method as the first day.

- [3] After testing is finished, remove the upper cellophane paper and press the blue circle sections together.



- [4] Place the testing paper inside the bag and submit it to the school.

Date (YY/MM/DD):

To Parents and Guardians

Yokohama Public

School

Notification of Urine Analysis

Urine analysis will be conducted as follows. This testing is conducted to determine if protein, sugar or blood is mixed in with urine; if suspicion of disease exists, the child will undergo further examination. We have already distributed containers, so we ask that urine samples be collected and submitted to the school.

Analysis and Submission (MM/DD): / ()

[Procedures]

- [1] Urinate before going to sleep the night before.

On this day, do not drink juice, medicine or other substances containing vitamin C.

- [2] Write your school year (grade), class, name, gender and student number on the front of the bag using a ballpoint pen or similar writing utensil.

- [3] On the urine container, write the number shown on the bag.

- [4] **Collect the urine sample first thing in the morning after the child wakes up on (MM/DD) ____/____.**

Transfer (suction) urine from the cup into the container, and once it has reached the line on the container, place the cap on and close it tightly.

- [5] Place the urine sample in the bag and submit it to the school.

Fold this portion back

Fold back once more

Urine Analysis

School			
Year (grade) and class	Year (grade): Class:		
Name			
Gender	Male / Female		
Student no.		Age	

Notice

Your urine analysis number is 270. Please write this number clearly and correctly with a ballpoint pen on the label of the urine collection bottle.

Protein (sulfosalicylic acid)	Hemolysis	Sugar



Heart Disease Survey Sheet Concerning Pupils and Students of Schools Run by Yokohama City (FY2024 -)

Yokohama Municipal	Primary	Junior high	Year	Class	No.
	Compulsory education	school			
	Special education				
Name		Male/Female (Age:)	Name of club and other extracurricular activities		
		Height cm	Weight kg		

Q1 Have you ever been told by a doctor or during a health checkup to get advanced testing done for your heart?

A: Yes

A: No

If yes:

Q2 Have you ever been told by a doctor that you have Kawasaki disease (acute febrile mucocutaneous lymph node syndrome MCLS)?

A: Yes

A: No

If yes:

Q3 Have you had any of the following in the previous year?

(1) I have lost consciousness or have experienced spasms. (excluding epileptic seizures and febrile seizures)

A: Yes

A: No

(2) Occasional skipping or irregular heartbeat.

A: Yes

A: No

(3) Palpitations and sudden, rapid heartbeat (150 bpm or higher) while at rest.

A: Yes

A: No

Q4 Have any of your family members or relatives died of heart disease at age 40 or younger?

A: Yes

A: No

C: Unknown

Yokohama City
Board of Education
School Principal

To guardians

To ensure that your children can enjoy school activities, we carry out regular health examinations at schools. As part of these activities, we carry out heart examinations, and we strive to detect heart disease at an early stage to carry out health management.
This survey sheet is important for obtaining an accurate understanding of the condition of your child's heart, so we ask for your cooperation as a guardian to avoid omissions when filling in this sheet. Note that we do not use the information for any purpose other than heart examinations.

Notes on filling in the following: Circle all applicable items, and fill in the blanks.

How old were you when you were first diagnosed? Year: Month:	Subsequent situation a No abnormality was found as a result of a detailed examination. b Had an operation on the heart. → At present, A: Visiting hospital, B: Not visiting hospital c Treated by internal medicine. → At present, A: Visiting hospital, B: Not visiting hospital d Observation without treatment → At present, A: Visiting hospital, B: Not visiting hospital *Why did you choose "B: Not visiting hospital" for b, c, or d? (1) I was told further testing is unnecessary. (2) I stopped going to the hospital. e I have not undergone advanced testing. f Others () Name of the disease that you had and the name of the hospital that you visited () Last day on which you had the disease (Year: Month:)
What were you diagnosed with at that time? a I was born with heart disease. () (Diagnosis:) b Arrhythmia () (Diagnosis:) c Enlarged heart d Heart murmur e Others () { }	
How old were you then? Year: Month:	Subsequent situation a Were you told that you have heart complications (coronary artery aneurysm)? A: Yes B: No b Have you ever received a coronary angiography (heart catheter examination)? A: Yes B: No c Are you still receiving regular examinations? A: Yes B: No d Did you receive regular examinations but were told that you did not need to receive further examinations in future? A: Yes B: No e Did you receive regular examinations in the past, but no longer do so? A: Yes B: No Age at the time of the last examination corresponding to 'd' and 'e' (Year: Month:)
Name of the hospital where you received treatment { }	

Space to be filled in by the school: Guardians need not fill in the space below.

I: School doctor's observations (Yes, No)	II: Opinions of the school nurse or the homeroom teacher (Yes, No)
1) Cyanosis (Yes, No)	
2) Finger clubbing (Yes, No)	
3) Edema (Yes, No)	
4) Deformed rib cage (Bulging, flatness, foveated chest: None)	
5) Abnormal cardiac sound / Cardiac murmur (Yes, No)	

<< Regarding the purpose of using personal information >>
We use personal information concerning a patient, only for examinations intended to obtain an understanding of the health condition of the patient, compilation of result reports, inspection accuracy management, and follow-up examinations.

めがね購入援助（第1次希望調査様式）

Date (YY/MM/DD):

To Parents and Guardians

Yokohama Public

School Principal

Survey of Those Interested in the ____ Student Eyeglasses Purchasing Support Program
(For the ____ School Year)

We hope you have been enjoying this season of fresh, vibrant greenery.

Students recently underwent eye examinations at school, with the following results for your child:

Right () / **Left** ()

The Yokohama City Board of Education is conducting a unique eyeglasses purchasing support program for students: As part of in-school health checks, students requiring partial support whose vision is rated as C or lower using the “370 method” (less than 0.7), and who have been diagnosed as needing eyeglasses (including lens replacement) at a specified medical institution, are eligible to receive financial support for purchase of said eyeglasses.

Those who are interested in receiving support through this program should fill out the following form and submit it to the appropriate classroom teacher by (YY/MM/DD) ____ / ____ / ____.

Financial Support Amounts

- Eye examination cost 2,700 yen
- Eyeglass purchase support 5,000 yen (max. amount provided)
(including adjustment)

Note: all amounts above are amounts including consumption tax

Please note that the following conditions apply for financial support.

- [1] You must be authorized to receive school-related financial support. After such authorization, an “eyeglasses voucher” (*megane-ken*) will be issued.
- [2] During school health checks, unaided vision (corrected vision in the case of a student who already uses eyeglasses) in at least one eye must be C or lower using the “370 method” (less than 0.7).
- [3] Financial support (support for purchasing of eyeglasses) will be provided only one time during elementary school and one time during junior high school. (The program is only intended to provide partial financial aid for purchasing of eyeglasses during the child’s period of compulsory education. We ask for your understanding in this matter.)
- [4] An eyeglasses voucher (*megane-ken*) will be issued at a later date to individuals who respond to this survey and meet required conditions. Financial support is provided via the cash voucher, so those without an eyeglasses voucher cannot receive financial support.
In addition, the purchase must be made at a specified shop following an eye examination at a specified medical institution (for details, see the attached table of specified medical institutions / shops).
If it is determined that the student does not need to purchase eyeglasses based on the results of the eye examination, financial support will be provided only for the cost of the eye examination.
- [5] If the cost of eyeglasses purchased surpasses the maximum financial amount provided by the program, the parent / guardian is responsible for paying the difference.
- [6] Purchase of eyeglasses due to breakage of current eyeglasses and purchase of contact lenses are not covered under this program.
- [7] The period of validity for financial support lasts until January 1, ____ ().

----- Cut Here -----

To the Principal

I would like to enroll in the student eyeglasses purchasing support program.

Year (Grade):

Class:

Student Name:

Parent / Guardian Name:

Signature:

Date (YY/MM/DD):

To Parents and Guardians

Yokohama Public

School

Principal

Notice Regarding Financial Assistance for Medical Costs Pertaining to School Diseases

Students who have been certified as requiring support or partial support will receive financial assistance for medical care costs if they are affected by any of the diseases (school diseases) listed below.

Those who wish to receive financial assistance for medical costs should apply. They will receive a medical treatment voucher.

School Diseases

- [1] Trachoma and conjunctivitis (excluding allergic conjunctivitis)
- [2] Ringworms, scabies and impetigo (bacterial skin infection)
- [3] Otitis media (ear infection)
- [4] Empyema (limited to chronic sinusitis) and adenoid
- [5] Saprodonia (excluding treatment of the area surrounding teeth not related to saprodonia)
- [6] Parasitic diseases (including parasite eggs)

* Make sure to confirm in advance whether or not the hospital, clinic or pharmacy accepts medical treatment vouchers.

(Form 9)

Detailed Medical Examination Request Form for Parents / Guardians
(Elementary / Junior High)

Date (YY/MM/DD):

Year (Grade): Class: Name:
To the Parent or Guardian

Yokohama Public School
Principal

Notification of Detailed Medical Examination for Tuberculosis

Based on the recently received medical questionnaire form, the diagnosis of the school physician, etc.,:

We request that your child receive a medical examination (chest x-ray) at a designated medical institution.

Make sure to have your child receive the medical examination by the last day of August at one of the medical institutions specified in the attached table (the cost of the chest x-ray and other such costs are free of charge).

To receive an examination, make sure to call in advance to make a reservation and bring the following items on the day of your examination:

1. Health insurance card
2. Four (4) photocopies of the Detailed Tuberculosis Medical Examination Request Form (*Kekkaku Kenshin Seimitsu Kensa Jisshi Irai-sho*)
3. A copy of your medical questionnaire (*monshin chōsa-hyō*)
4. The section below titled “To the Doctor at the Specified Medical Facility”

If you have any questions, please contact the school nurse at (TEL) _____.

..... Cut Here

[To the Doctor at the Specified Medical Facility]

According to a school tuberculosis examination of this student, they exhibited the following:
(the school should circle any of the items below that apply)

1. Coughing and/or other subjective symptoms have continued for two weeks or longer
2. The student has spent a sum total of half a year or longer in a country other than Japan within the last three years

Based on the above, we request further examination as follows for this student.

- Chest x-ray
(based on the x-ray results, please carry out a sputum examination and any other examinations as necessary)

(Form 10)

Date (YY/MM/DD):

Year (Grade): Class: Name:

To the Parent or Guardian

Yokohama Public School

Principal

Contact Request (Notification) from the Ward Health and Welfare Center Regarding Tuberculosis Examination

Based on the information provided in the medical questionnaire form you submitted recently, the state of your child's health has been examined and confirmed through a school physician's check-up and this ward Health and Welfare Center (a specialized medical facility). We require further details about your child in order to determine if further, more detailed medical examination is required.

You will receive a telephone call from the ward Health and Welfare Center within the next several days. We ask for your assistance in this matter.

If you have any questions, please contact the school nurse at (TEL) - .

To the Parent or Guardian

Date (YY/MM/DD):

Yokohama Public

School

Principal

Private Meeting Regarding Allergic Disorder

[Asthma Food Allergy Other ()]

We would like to have a private meeting with you in order to discuss the symptoms, necessary response and other factors relating to your child's allergic disorder(s).

Please fill out the required items on the form provided in advance and bring it to the meeting.

Thank you for your understanding and cooperation.

- Planned meeting dates (MM/DD)

_____ / _____ Time: _____
 _____ / _____ : _____ (a.m. / p.m.) ~
 _____ / _____

- Please notify us here if you cannot attend on a certain date(s):

We will contact you once the meeting schedule has been finalized.

Your child's classroom teacher as well as other school staff will also attend the meeting. Thank you for your understanding.

The date and time for your private meeting has been decided.

Year (grade): _____ Class: _____ Name: _____

Date (MM/DD): _____ / _____ ()

Time: _____ : _____ (a.m. / p.m.)

Location: _____

* Please fill out the required items on the previously provided form and bring it to the meeting.

Year (grade) _____ Class: _____ Teacher: _____ TEL: _____

Information Regarding Permission for Enrollment in a School Outside of the Specified School District

As a general rule, citizens of Yokohama enroll in the school specified by their ward office. However, students may attend a different school in the following cases.

Reason for enrolling in a school outside of your specified school district	Procedures
The district-specified school is far from our home, so we want to enroll in a school that is closer. (distance to specified school must be 2 km or farther for elementary school and 3 km or farther for junior high school)	After obtaining consent from the principal of the school which you wish to enroll your child in, authorization procedures must be carried out at the ward office where you completed resident registration.
Due to an illness or ailment, I want my child to enroll in a school that is closer to home. (verification document(s) required)	
Even though we have moved, I want my child to continue to attend the same school.	
Because nobody will be home to look after the child when they return from school, I want my child to attend a school that is close to a student daycare center, the shop the parent or guardian works at, etc.	
The child's sibling(s) is currently attending a school outside their school district, and the child wants to attend the same school as their sibling(s).	
Because we plan to move partway through the school year, I want my child to attend the school in the new district we will move to. (verification document(s) required)	Authorization procedures must be carried out at the ward office where you completed resident registration.
We will relocate temporarily due to construction of a new home, renovation or another such factor, but I want my child to continue attending the same school. (verification document(s) required)	
The specified junior high school does not have the club activity that my child was participating in previously, so I want to send them to a junior high school where this club activity is available. This junior high school is closest to our home and enables participation in such a club. (verification document(s) required)	After obtaining consent from the principals of your specified district school and the school you wish to enroll your child in, authorization procedures must be carried out at the ward office where you completed resident registration.

- ◎ Depending on the circumstances at each particular school, enrollment may not be possible in some cases.
- ◎ If you wish to enroll your child in a school outside of your school district for a reason other than those listed above, please meet and discuss the matter with the principal of your specified district school and the principal of the school you wish to enroll your child in.
- ◎ Contact: ward office official in charge of registration at the family registration section, official in charge of school enrollment at the Board of Education office's School Support Section, your child's current school or the school you wish to enroll them in.

**Notice of New Student Orientation
for Parents and Guardians**

Date (YY/MM/DD):

This is a notice regarding an important orientation session for entrance into junior high school.

We request that you make every effort to attend.

To Parents / Guardians of New Students

Yokohama Public
Principal

Junior High School

A new student orientation for parents and guardians will be held as follows. We ask that all parents / guardians attend.

1. Date (YY/MM/DD): _____ / _____ / _____ (_____)

From _____ : _____ to _____ : _____ (a.m. / p.m.)

2. Location: ☐ Gymnasium ☐ Other (_____)

3. Type of Orientation:
- General explanation regarding the school
 - Various preparations for school entrance
 - Explanation of school expenses and payment methods
 - Other
 - Questions

[Request to Parents / Guardians]

Because parking is not available, we ask that you do not come by car.
Please bring indoor slippers with you.

* Contact: _____ Junior High School

TEL: 045 (_____) _____

**Notification Regarding Consolidated Sale
of all Items Needed for New Students**

Date (YY/MM/DD):

Items needed by students can be purchased all at once.

Because all necessary items can be purchased in one visit, we request that
you make every effort to attend.

To Parents / Guardians of New Students

Yokohama Public
Principal _____

Junior High School

Required items for new students will be sold together at one time. We hope you will take advantage of this opportunity.

1. Date (YY/MM/DD): _____ / _____ / _____ (_____)

From _____ : _____ to _____ : _____ (a.m. / p.m.)

2. Location: ☐ Courtyard ☐ Gymnasium ☐ Dōjo
 ☐ In front of the student entrance ☐ Other (_____)

3. Items for Sale and Prices: ☐ School uniform.....¥
 ☐ School bag.....¥
 ☐ Jerseys (sweatsuit).....¥
 ☐ Boys' P.E. clothes (shirts and shorts).....¥
 ☐ Girls' P.E. clothes (shirts and shorts).....¥
 ☐ Indoor slippers¥
 ☐ P.E. shoes.....¥
 ☐ Other (_____).....¥

Total

¥

Notification of School Entrance Ceremony

- ☆ A school entrance ceremony will be held.
- ☆ We request that parents and guardians attend the ceremony.
- ☆ Students will attend wearing their junior high school uniforms (standard school clothing).
Parents and guardians are expected to wear clothing appropriate for the ceremony.
- ☆ If you are unable to attend for some reason, please contact the school.

1. Date (YY/MM/DD): _____ / _____ / _____ (_____)

- Presentation by class : _____
- Opening ceremony : _____
- Parent / guardian entrance : _____

2. Venue: _____ School (gymnasium)

3. Items to Bring

(Students:)

- ☐ School bag (students will receive textbooks on the day of the ceremony)
- ☐ Writing utensils ☐ Indoor slippers ☐

(Parents / Guardians:)

- ☐ “Notification of Junior High School to be Attended” (*Shūgaku Tsūchisho*) sent by the ward office
- ☐ Writing utensils ☐ Slippers (for indoor use)
- ☐ Other (_____)

* Contact: _____ Junior High School

TEL: 045 (_____) _____

About Issuing of School Commute Certificates (*Tsūgaku Shōmeisho*)

Date (YY/MM/DD):

- A “School Commute Certificate” (*Tsūgaku Shōmeisho*) is issued for students who use trains or buses for long-distance commutes to school from outside that school’s district.
- Recipients can use the School Commute Certificate to purchase a commuter pass at the student discount price.
- Commuter passes can be purchased for one-, three- or six-months periods.
- Fill in the sections marked with a * and submit this form to your classroom teacher for validation.

No. _____

School Commute Certificate

School Type or School Designation No.	Junior High School	Classification	Junior High School Course
---------------------------------------	--------------------	----------------	---------------------------

*	Name of Commuting Student Age and Gender				M F
*	Student’s Address		Telephone No.:	()	
*	Year (Grade)	(school year)			
*	I.D. No.				
*	School Commute Route	From	(Stn.) to	(Stn.) (transfer:)
*	Student Commuter Pass Period of Validity	(months)			
	* Start Date of Student Commuter Pass Validity	From (YY/MM/DD)	/	/	
	School Commute Certificate Period of Validity	Until (YY/MM/DD)	/	/	

Certification	Issued on (YY/MM/DD) _____/_____/_____	<div style="border: 1px solid black; padding: 5px; text-align: center;"> Representative’s Official Seal </div>
	School Address _____	
	School Name _____	
	Name of School Representative _____	

1. This certificate is valid (for one month) from the date of issue until the expiration date shown above.
2. The issuer should fill out sections of this certificate that are not marked with a * symbol (for gender, circle whichever applies).
3. Sections marked with a * symbol should be filled out by the commuting student.
4. If any corrections are made while filling out this certificate, corrected sections marked with a * symbol must be stamped with the commuting student’s seal, and any other corrected section must be stamped with the school representative’s official seal, or else the certificate cannot be used.

Leave the following section blank.

Until (YY/MM/DD) / /		
(Issuing Station)	(Commuter Pass No.)	(Date of Issue)
(Basic Fare)	(Fare as Sold)	(Fare Difference)

About Issuing Student Discounts

Date (YY/MM/DD):

- A Student Traveler Fare Discount Certificate (Student Discount) (*Gakko Gakusei Seito Ryokaku Unchin Waribiki-shō (Gakuwari)*) will be issued for students traveling 101 km or farther (one-way).
- This Student Discount Certificate (*Gakuwari-shō*) can be used to purchase train and boat tickets at the student discount price.
- Fill in the student discount application form below and submit it to your classroom teacher for validation.
- The certificate is valid for three months following the issue date.

Student Discount Application Form (Issue No.:)

Train Travel Route	From (Station) to (Station) (transfer:)
Type of Train Ticket	<input type="checkbox"/> One-way <input type="checkbox"/> Roundtrip <input type="checkbox"/> Through ticket (for travel using multiple operators) <input type="checkbox"/> Sightseeing pass
Year (Grade) and Class	Year (grade): Class:
Student Handbook No.	
Student Name	
Birthday (Age)	
Period of Travel (YY/MM/DD)	From / / to / / (days)
Current Address	_____, <u>Ward, Yokohama</u>
Telephone	(045) -
Parent / Guardian Seal	(seal)

Year (grade): Class: Teacher: _____ TEL: _____

First Survey of Future Academic / Career Paths

3rd Year Class: _____ **Student No.:** _____ **Name:** _____

We are conducting our first survey regarding students' plans for future academic / career paths. We ask that you fill in the information below so we can utilize it during meetings regarding future paths, etc. Please submit this form to the classroom teacher by (MM/DD) ____ / ____ .

1. In the future, I want to (first choice) _____

(second choice) _____

2. Please put a ◎ mark in the category for your first choice and a ○ mark in the category for your second choice, marking a career field if you plan to seek employment, or a school / course type if you plan to continue your studies.

Employment						Continued education										
Food services	Sales	Office work	Hairdressing / beauty	Manufacturing	Other	Full-time							Part-time		Other type of school	Vocational / technical school
						Public			Private		College of technology	Other type of high school course	Standard subjects	Specialized subjects		
						Standard subjects	Specialized subjects	Integrated course	Standard subjects	Specialized subjects						

3. If you put a ○ mark in the “employment” category and have made any specific decision about your employment, please explain in further detail (field of employment, position, place of employment, etc.).

4. If you put a ○ mark in the “continued education” category and have made any specific decision about your academic future, please explain in further detail (type of school, school subjects / course, specific school, etc.).

5. If anything was unclear at the informational meeting on future academic / career paths, please explain here.

Second Survey of Future Academic / Career Paths

3rd Year Class: Student No.: Name:

1. Your Future Path

Please circle the item that applies.

(1) Employment (2) Continued education (3) Other ()

* If you circled (1), please fill in the following section.

Desired place or field of employment:

--

* If you circled (2), please place a ○ mark in the sections that apply.

[illegible]

* You are not required to fill in all sections up until “5th choice.” Only fill in the number of sections that apply in your case.

2. Please write anything you want to consult further about, etc.

3. Parent / guardian comments

--

The above was decided following discussions held with the student at home.

Parent / guardian confirmation: _____ (seal or signature)

Third Survey of Future Academic / Career Paths

3rd Year Class: _____ Student No.: _____ Name: _____

1. After graduation, I want to continue on to a

Public high school

Private high school

Specialized school or other type of school

Company (employment)

2. If you answered “public high school” for question 1:

* Screening common to all schools (*kyōtsū senbatsu*)

Desired school: High School (course) High School (course)

* Second screening for part-time and correspondence schools (*teitsū bunkatsu senbatsu*)

Desired school: High School (course) High School (course)

* Are you also applying to a private school(s)? Yes / No (circle one)

1st choice: High School (course) High School (course)

2nd choice: High School (course) High School (course)

3. If you answered “private high school” for question 1:

* Do you want a recommendation (includes consideration of student records)? Yes / No (circle one)

1st choice: High School (course)

2nd choice: High School (course)

4. If you answered “specialized school or other type of school” for question 1:

1st choice: (school name) (course)

2nd choice: (school name) (course)

5. If you answered “company (employment)” for question 1:

* Please write detailed conditions regarding your desired employment field, location, salary, etc.

Based on consultations with the classroom teacher, the above decision has been reached as a family.

Name of Parent / Guardian _____ (seal or signature)

6. Parent / Guardian Comments

To Parents / Guardians of 3rd-Year Students

Final Confirmation of Desired Schools (for Application)

Please fill in the following sections and submit it to the classroom teacher for confirmation of schools to be applied to as decided during the academic / career path consultation meeting.

Final Confirmation of Desired Schools

	Name of High School	Subjects / Course	Application Date (MM/DD)	Test Date (MM/DD)	Results Announcement Date (MM/DD)
Screening common to all schools (<i>kyōtsū senbatsu</i>)			/	/	/
Second screening for part-time and correspondence schools (<i>teitsū bunkatsu senbatsu</i>)			/	/	/
National			/	/	/
Part-time			/	/	/
Correspondence			/	/	/
Recommendation			/	/	/
Application to one specific school			/	/	/
Application to multiple schools			/	/	/
	Payment deadline extension? (Y / N) Payment method () Full payment / partial payment (yen)				
Open campus			/	/	/
			/	/	/
			/	/	/
			/	/	/

* Please draw diagonal lines through boxes that are not relevant.

3rd Year Class: Student No. Name of Student:

Name of Parent / Guardian (seal or signature)

School-Related Terms

[1] 曜日 (days of the week)

げつようび 月曜日	かようび 火曜日	すいようび 水曜日	もくようび 木曜日	きんようび 金曜日	どようび 土曜日	にちようび 日曜日
Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday

[2] 月 (month)

いちがつ 1 月	にがつ 2 月	さんがつ 3 月	しがつ 4 月	ごがつ 5 月	ろくがつ 6 月
January	February	March	April	May	June

しちがつ 7 月	はちがつ 8 月	くがつ 9 月	じゅうがつ 10 月	じゅういちがつ 11 月	じゅうにがつ 12 月
July	August	September	October	November	December

[3] 日 (days of the month)

ついたち 1 日	ふつか 2 日	みっか 3 日	よつか 4 日	いつか 5 日	むいか 6 日	なのか 7 日	ようか 8 日	ここのか 9 日	とおか 10 日
じゅういちにち 11 日	じゅうににち 12 日	じゅうさんにち 13 日	じゅうよっ か 14 日	じゅうごにち 15 日	じゅうろくにち 16 日	じゅうしちにち 17 日	じゅうはちにち 18 日	じゅうくにち 19 日	はつか 20 日
にじゅういちにち 21 日	にじゅうににち 22 日	にじゅうさんにち 23 日	にじゅうよっか 24 日	にじゅうごにち 25 日	にじゅうろくにち 26 日	にじゅうしちにち 27 日	にじゅうはちにち 28 日	にじゅうくにち 29 日	さんじゅうにち 30 日
さんじゅういちにち 31 日									

[4] 時間 (time)

じ ～時	hour of the day (o'clock)			ふん ～分	minute within the hour	
いち じ 1 時	に じ 2 時	さん じ 3 時	よ じ 4 時	ご じ 5 時	ろく じ 6 時	しち じ 7 時

はち じ 8 時	く じ 9 時	じゅう じ 10 時	じゅういち じ 11 時	じゅうに じ 12 時	じはん ～時半
じゅつぶん 10 分	にじゅつぶん 20 分	さんじゅつぶん 30 分	よんじゅつぶん 40 分	ごじゅつぶん 50 分	ろくじゅつぶん 60 分

につかひょう

[5] 日課表 (daily schedule)

ふつうにつか 普通日課	regular schedule	たんしゅくにつか 短縮日課	shortened schedule	とくべつにつか 特別日課	special schedule
よれい 予鈴	pre-class bell	ほんれい 本鈴	class starting bell	あさじしゅう 朝自習	morning self-study
やす じかん 休み時間	break time	きゅうしょく 給食	school lunch	せいそう 清掃	cleaning
とうこうじこく 登校時刻	school start time	げこうじこく 下校時刻	school dismissal time	ほうかご 放課後	after school

ばしょ なまえ

[6] 場所の名前 (place names)

こうしゃない 校舎内	[inside the] school building				
げかん 玄関	main entrance	しょうこうぐち 昇降口	student entrance	ろうか 廊下	hallway, corridor
かいだん 階段	stairs	と い れ トイレ	bathroom, restroom, toilet	きょうしつ 教室	classroom
こうちょうしつ 校長室	principal's office	しょくいんしつ 職員室	teacher's room, staff room	ほけんしつ 保健室	nurse's room, health room
きゅうしょくしつ 給食室	school kitchen	としよしつ 図書室	library	りかしつ 理科室	science room
おながくしつ 音楽室	music room	ざこうしつ 図工室	art room	たいいくかん 体育館	gymnasium, gym
しちょうかくしつ 視聴覚室	audio-visual room, AV room	かていかしつ 家庭科室	home economics room, domestic science room	ぎじゅつしつ 技術員室	technician's room
いんさつしつ 印刷室	printing room	きょうざいしつ 教材室	teaching materials room	ほうそうしつ 放送室	intercom room
じむしつ 事務室	office	ほけんそうだんしつ 保健相談室	health consultation room	じどう せいと 児童・生徒 かいぎしつ 会議室	[elementary] school council meeting room
こくさいきょうしつ 国際教室	international classroom	かいぎしつ 会議室	conference room, meeting room		

らんちるーむ ランチルーム	lunch room	ぴーてーえいしつ P T A 室	PTA room	こういしつ 更衣室	locker room
あしあら ば 足 洗い場	foot-washing area	お ば ごみ置き場	garbage area	てあら ば 手洗い場	hand-washing area
かうんせらーしつ カウンセラー室	guidance counselor's office		ばそこんるーむ パソコンルーム	computer room	
せいもん 正門	front entrance	つうようもん 通用門	side entrance	こうてい 校庭	schoolyard
うんどうじょう 運動場	athletic ground, playground	なかにわ 中庭	courtyard	かだん 花壇	flower bed
がっこうのうえん 学校 農園	school agricultural field / garden	ぶーる プール	swimming pool	たいいくそうこ 体育倉庫	sports equipment storage room
しいくごや 飼育小屋	pen /cage for animals	すなば 砂場	sandbox		

きょうかめい
[7] 教科名など (names of school subjects, etc.)

こくご 国語	Japanese	しょしゃ か かた 書 写 / 書き方	Transcription / writing	としょ どくしょ 図書/ 読 書	reading
しゃかい 社会	social studies	さんすう すうがく 算 数 / 数 学	Arithmetic / math	り か 理 科	science
せいかつ 生活	living environment studies	おんがく 音 楽	music	ずこう びじゅつ 図工/ 美 術	drawing and crafts / art
たいいく 体育	physical education (P.E.)	ほけんたいいく 保健 体育	health and physical education	かていか 家庭科	home economics
ぎじゅつ かてい 技術/家庭	domestic science		がいこくご えいご 外国語 (英語)		foreign language (English)
がいこくごかつどう こくさいりかいきょうしつ 外国語 活動 ・ 国際理解教室 (YICA)			foreign language activities / Yokohama International Communication Activities (YICA)		
どうとく 道 徳	moral education	そうごうてき がくしゅう じかん 総合的な 学 習 の時間		integrated studies, integrated study time	
いいんかい 委員会	student council		がっきゅうがつどう がっかつ 学 級 活 動 (学 活)		class activity
くらぶ クラブ	club	ぶかつどう 部活動	club activities	せいそう 清 掃	cleaning
ちゅうしよく 昼 食 きゅうしよく べんとう (給 食 / 弁 当)	lunch (school lunch / packed lunch)		やす じかん 休 み 時 間 なかやす ひるやす (中 休 み / 昼 休 み)		recess (morning break / afternoon break)
あさ かい あさがっかつ 朝の会/朝学活	morning meeting / morning class activities		かえ かい かえ がっかつ 帰りの会/帰り学活		wrap-up meeting / wrap-up activities (before going home)

がくしゅう つか
[8] 学習で使うことば (words used in students' studies)

<Japanese>

ひらがな	hiragana characters	かたかな カタカナ	katakana characters	かんじ 漢字	kanji characters	ろーまじ ローマ字	roman alphabet characters (rōmaji)
よ 読む	read	か 書く	write	はな 話す	talk, speak	き 聞く	listen
いつ	when...?	どこで	where...?	だれが	who...?	なにを	what...?
どうした	what happened? / what's wrong?						
さくぶん 作文	paper, report, essay	にっき 日記	journal, diary	し 詩	poetry, poem	ものがたり 物語	story
かんさつきろく 観察記録	record (chart), observation chart	せつめいぶん 説明文	explanation (text / sentence)		とうじょうじんぶつ 登場人物	characters (who appear in a story, play, etc.)	
しゅじんこう 主人公	main character	ろうどく 朗読	recite, read out loud	もくどく 黙読	read silently	おんどく 音読	read out loud
しゅご 主語	subject (of a sentence)	じゅつご 述語	predicate	めいし 名詞	noun	どうし 動詞	verb
あくせんと アクセント		accent, stress (on a word)		はつおん 発音	pronunciation	だんらく 段落	paragraph
ようてん 要点	main point(s)	しゅだい 主題	theme, subject	え さし絵	illustration	かんようく 慣用句	idiom
かくげん 格言	proverb, a saying	どくしょ 読書	reading	じしょ 辞書	dictionary	しら 調べる	research, look up
しよしゃ 書写	transcription	ないよう 内容	content	ひつじゅん 筆順	stroke order (of a <i>kanji</i> character)	ぶんしょう 文章	sentence
れんしゅう 練習	practice	はんし 半紙	thin Japanese writing paper (for calligraphy)	すみ 墨	ink	ふで 筆	brush
ぶんちん 文鎮	paperweight	すずり 硯	inkstone				

<Arithmetic and Math>

ぜろ いち に さん し/よん ご ろく しち/なな はち く/きゅう じゅう ひゃく せん
 0 1 2 3 4 5 6 7 8 9 10 100 1000

・たしざん (addition) $1 + 2 = 3$
たす は

・ひきざん (subtraction) $6 - 4 = 2$
ひく は

・かけ算 (multiplication) $2 \times 3 = 6$
かける は

・わり算 (division) $8 \div 4 = 2$
わる は

・偶数 (even number) 0 2 4 6 8 10 12 . . .
ぐうすう

・奇数 (odd number) 1 3 5 7 9 11 13 . . .
きすう

・単位 (unit [of measure])
たんい

Length: **mm**／ミリメートル (millimeter) **cm**／センチメートル (centimeter)

m／メートル (meter) **km**／キロメートル (kilometer)

Weight: **mg**／ミリグラム (milligram) **g**／グラム (gram) **kg**／キログラム (kilogram)

Capacity/volume: **mL**／ミリリットル (milliliter) **dL**／デシリットル (deciliter) **L**／リットル (liter)

Area: **cm²**／平方センチメートル (square centimeter) **m²**／平方メートル (square meter)
へいほう へいほう

(Cubic) volume: **cm³**／立方センチメートル (cubic centimeter) **m³**／立方メートル (cubic meter)
りっぽう りっぽう

ぶんすう
• 分数 (fraction)

しんぶんすう
真分数 (proper fraction) $\frac{1}{2}$ (2 ぶんの 1) $\frac{3}{5}$ (5 ぶんの 3)

かぶんすう
仮分数 (improper fraction) $\frac{5}{4}$ (4 ぶんの 5) $\frac{8}{7}$ (7 ぶんの 8)

たいぶんすう
帯分数 (mixed number, mixed fraction) $1\frac{1}{3}$ (1 と 3 ぶんの 4)

しょうすう
• 小数 (decimal fraction, small number)

れいてんいち
0 . 1

れいてんれいち
0 . 0 1

にてんさん
2 . 3

ろくてん に ご
6 . 2 5

ひゃくぶんりつ
• 百分率 (percentage) 5% (5 パーセント) 80% (80 パーセント)

ずけい
• 図形 (shape, figure)

すいちよく
⊥ 垂直 (perpendicular)

へいこう
// 平行 (parallel)

かく
∠ 角 (angle) 90° (90度)

せいさんかっけい
正三角形

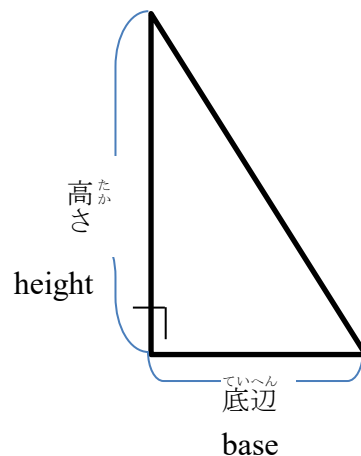
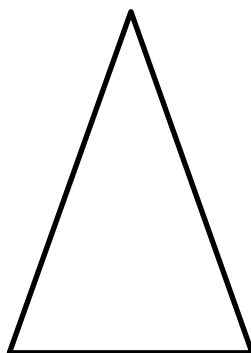
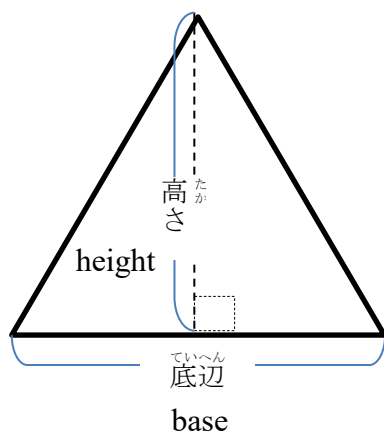
にとうへんさんかっけい
二等辺三角形

ちよっかくさんかくけい
直角三角形

(equilateral triangle)

(isosceles triangle)

(right triangle)



だいけい
台形

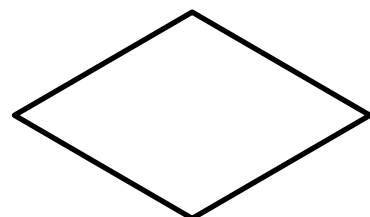
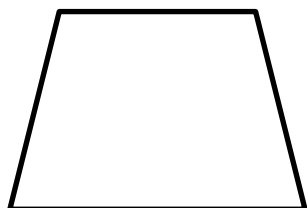
へいこうしへんけい
平行四辺形

がた
ひし形

(trapezoid)

(parallelogram)

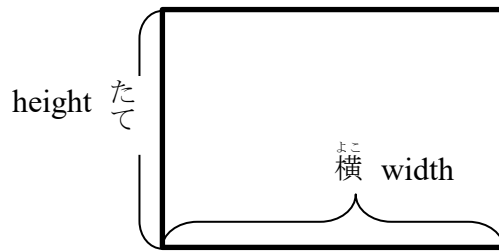
(rhombus)



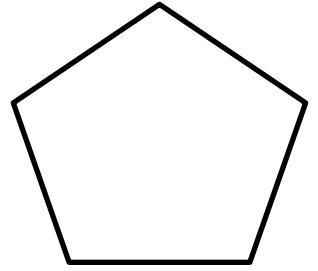
せいほうけい
正方形 (square)



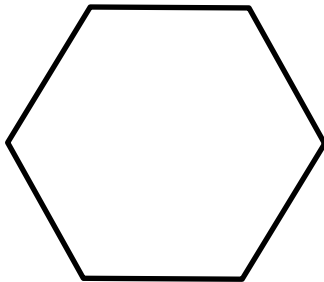
ちょうほうけい
長方形 (rectangle)



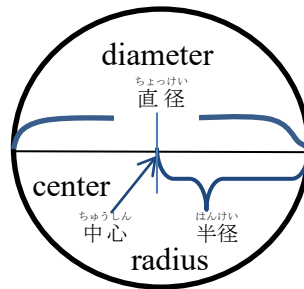
せいごかけい
正五角形 (pentagon)



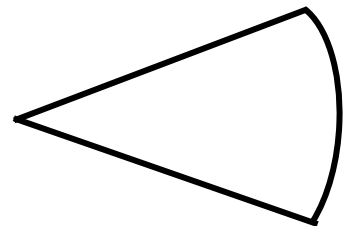
せいろっかけい
正六角形 (hexagon)



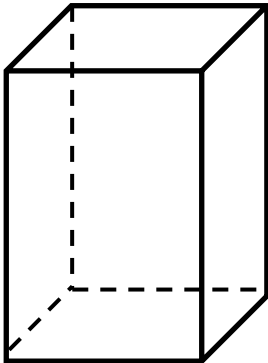
えん
円 (circle)



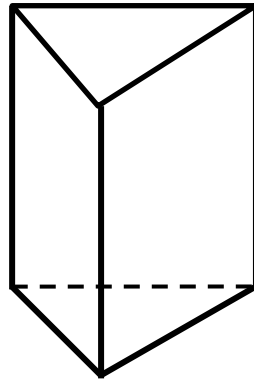
がた
おうぎ形 (wedge)



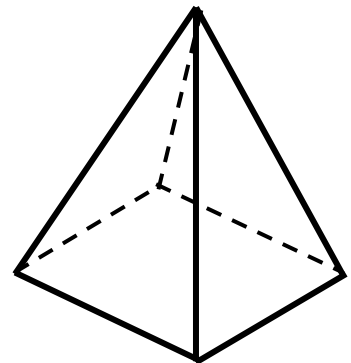
ちよくほうたい
立方体 (cube)



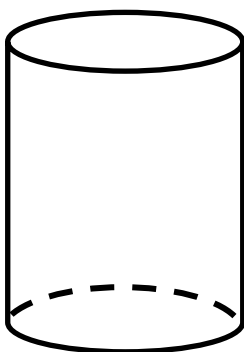
さんかくちゆう
三角柱 (triangular prism)



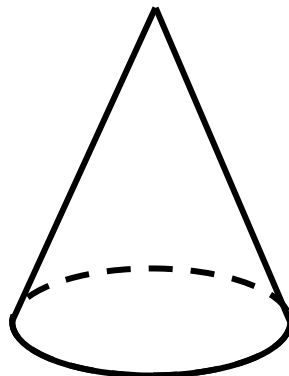
かく
角すい (pyramid)



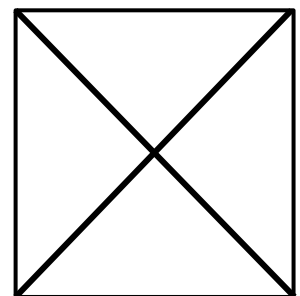
えんちゆう
円柱 (cylinder)



えん
円すい (cone)



たいかくせん
対角線 (diagonal line)



めんせき こうしき
 • 面積の公式 (formulas to calculate area)

せいほうけい めんせき ぺん かける ぺん
 正方形の面積 (area of a square) = 1辺 × 1辺

ちようほうけい めんせき かける よこ
 長方形の面積 (area of a rectangle) = たて × 横

さんかっけい めんせき ていへん かける たか わる
 三角形の面積 (area of a triangle) = 底辺 × 高さ ÷ 2

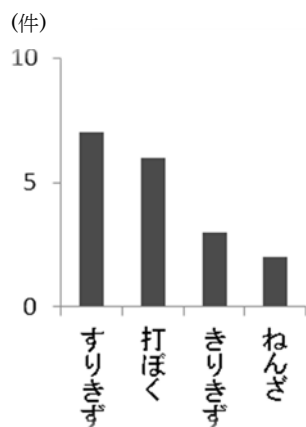
えん めんせき はんけい かける はんけい かける
 円の面積 (area of a circle) = 半径 × 半径 × 3.14

たいせき こうしき
 • 体積の公式 (formulas to calculate volume)

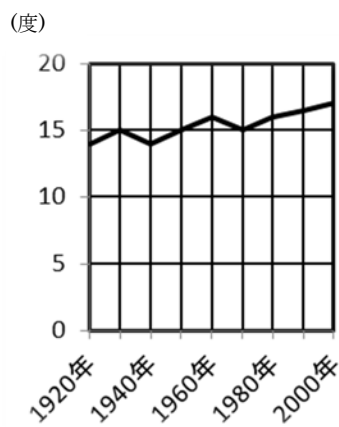
ちよくほうたい たいせき かける よこ かける たか
 直方体の体積 (volume of a cube) = たて × 横 × 高さ (depth × width × height)

• グラフ (graph)

ぼう
 棒グラフ (bar graph)



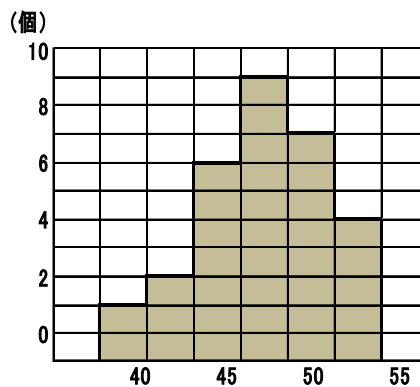
お せん
 折れ線グラフ (line graph)



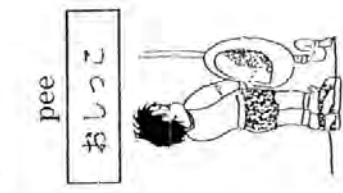
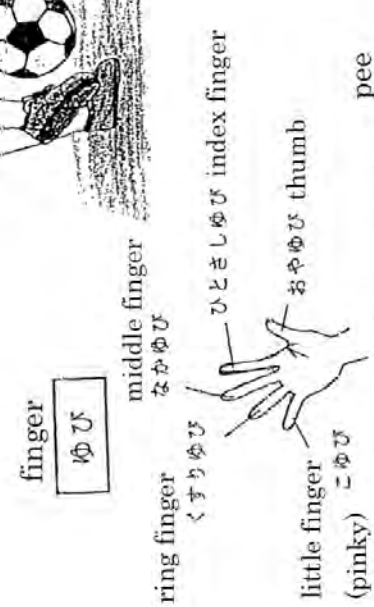
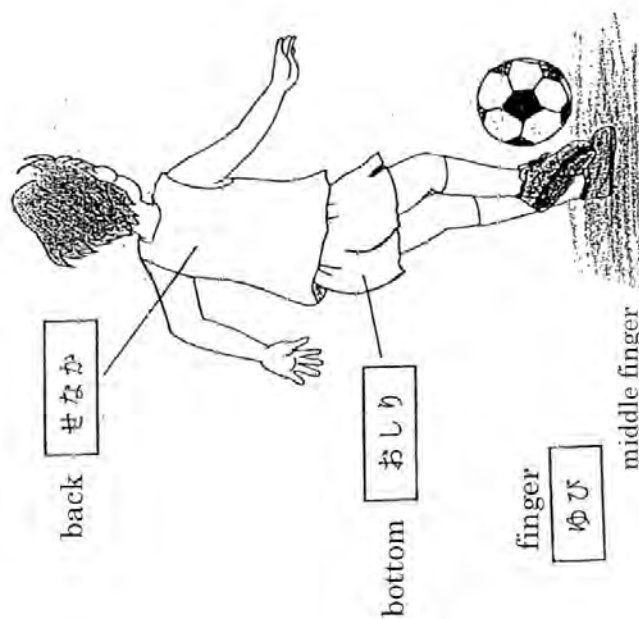
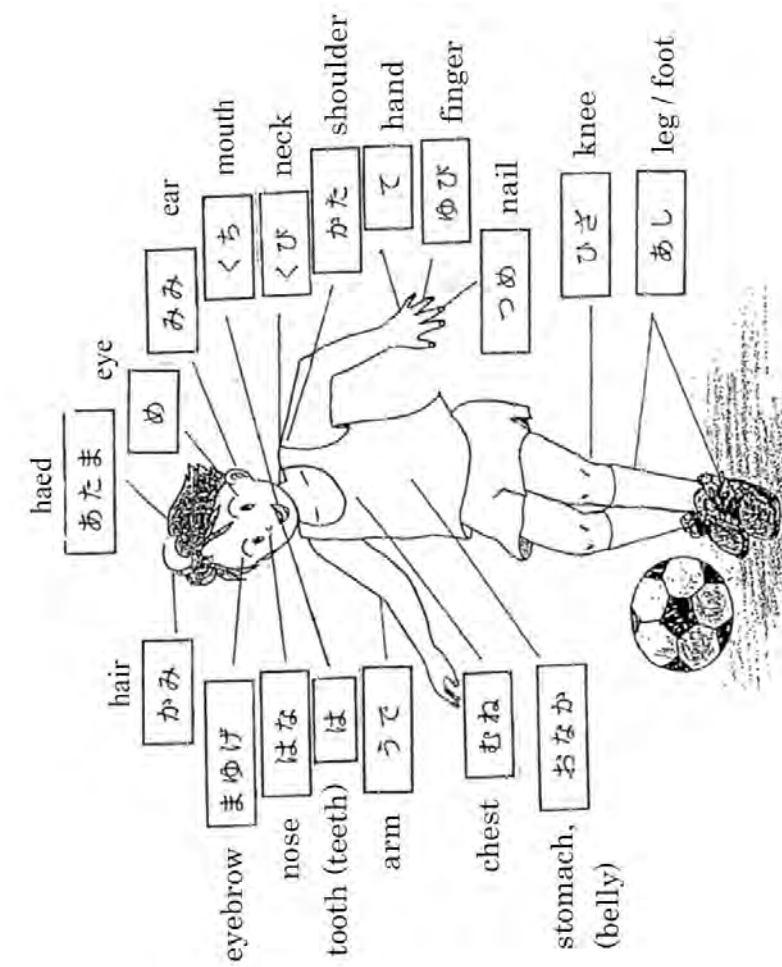
えん
 円グラフ (pie chart)



ちゅうじょう
 柱状グラフ (histogram)



[9] か ら だ (the human body)



あたま (頭)	head	め (目)	eye
かみ (髪)	hair	みみ (耳)	ear
まゆげ (眉毛)	eyebrow	くち (口)	mouth
はな (鼻)	nose	は (歯)	tooth / teeth
くび (首)	neck	かた (肩)	shoulder
うで (腕)	arm	て (手)	hand
ゆび (指)	finger	つめ (爪)	nail
むね (胸)	chest	おなか	stomach, belly
ひざ	knee	あし (足)	leg / foot
せなか (背中)	back	おしり	bottom, butt
おやゆび (親指)	thumb	ひとさしゆび	index finger
なかゆび (中指)	middle finger	くすりゆび	ring finger
こゆび (小指)	little finger, pinky	はなみず (鼻水)	mucus, snot
おしっこ	urine, pee	なみだ (涙)	tear
うんち	poop, feces	ち (血)	blood
げろ	vomit	あせ (汗)	sweat

日常会話

Everyday Conversation

A. ^{きほんてき}基本的なあいさつ

How to say hello, goodbye, etc.

a. あいさつ

Basic greetings

1 おはようございます。

Good morning.

2 こんにちは。

Hello.

3こんばんは。

Good evening.

4 はじめまして。

Nice to meet you.

5 ^{げんき}元気ですか。 ^{げんき}元気です。

How are you? Fine.

6 ありがとう。

Thank you.

7 どういたしまして。

You are welcome.

8 さようなら。

Good-bye.

9 またあした。

See you tomorrow.

10 ^{しつれい}失礼します。

Excuse me.

11 ごめんなさい。

I am sorry.

12 おねがいします。

Please.

b. たずねる

- 1 () は []^ご語で
何^{なん}といますか。
- 2 あなたの^{なまえ}名前は。
- 3 あなたのおとうさん
(おかあさん) の^{なまえ}名前は。
- 4 もう^{いちど}一度言ってください。
- 5 ゆっくり^い言ってください。
- 6 ここに^か書いてください。
- 7 ^{にほんご}日本語が^わ分かりますか。
- 8 ^{にほんご}日本語が^か書けますか。
- 9 ^{にほんご}日本語が^{はな}話せますか。
- 10 わかりましたか。
- 11 わかりました。
- 12 わかりません。
- 13 ^{ようい}用意はいいですか。
- 14 はい。
- 15 いいえ。
- 16 () を^も持っていますか。
- 17 これは^{なに}何ですか。

Ask

- How do you say () in [Japanese]?
- Your name is...
- Your father's (mother's) name is...
- Please say that again.
- Please speak more slowly.
- Please write it here.
- Do you understand Japanese?
- Can you write in Japanese?
- Can you speak Japanese?
- Do you understand?
- Yes, I understand.
- No, I do not understand.
- Are you ready?
- Yes
- No
- Do you have a ()?
- What is this?

- 18 あれは何^{なに}ですか。 What is that?
- 19 これは あなたの^{あなた}のですか。 Is this yours?
- 20 今^{いま}, 何時^{なんじ}ですか。 What time is it?
- 21 今日^{きょう}は () 曜日^{ようび}です。 Today is () day. (e.g. Monday)
- 22 今日^{きょう}は () 日^{にち}です。 Today is the () (e.g. first, second...)
- 23 () したい^{したい}ですか。 Do you want to ()?
- 24 () は好き^すですか。 Do you like ()?
- 25 () はどれ^{どれ}ですか。 Which one is ()?
- 26 () はどこ^{どこ}ですか。 Where is ()?
- 27 () を持^もってきてください。 Please bring ().
- 28 () ができますか。 Can you ()?
- 29 どうしましたか。 What is wrong? Is something wrong?
- 30 疲れ^{つか}ましたか。 Are you tired?
- 31 おなか^{おなか}がすきましたか。 Are you hungry?
- 32 のど^{のど}がかわいてますか。 Are you thirsty?
- 33 学校^{がっこう}は楽^{たの}しいですか。 Do you like school?
- 34 学校^{がっこう}に慣^なれましたか。 Are you used to your new school?
- 35 明日^{あす}来^きてください。 Please come tomorrow.
- 36 昨日^{きのう} 何^{なに}をしましたか。 What did you do yesterday?
- 37 今^{いま}いいですか。 May I have a minute?

38 あとでね。

Later

39 ^{さむ}寒いですか。

Are you cold?

40 ^{あつ}暑いですか。

Are you hot?

41 おとうさんは（おかあさんは）
^{いえ}家にいますか。

Is your father (mother) home?

42 ^{ともだち}友達はできましたか。

Have you made friends?

43 あなたの^{たんにん}担任は（ ）^{せんせい}先生です。

Your teacher is () sensei.

44 ^{いえ}家で^{なに}何をしていますか。

What do you do when you are at home?

45 ^{あす}明日は^{やす}休みです。

School is closed tomorrow.

46 （ ）^じ時までに^{とうこう}登校してください。 Please go to school by ().

47 （ ）^じ時に^{げこう}下校してください。 Please leave school at ().

B. ^{がくしゅう}学習^{かん}に関する^{こと}こと

Studying

a. ^{がくしゅうちゅう}学習中

Phrases used in the classroom

1 ^{べんきょう}勉強^{はじ}を始めます。

Let's begin.

2 ^{じぶん}自分で^{べんきょう}勉強をしてください。

Please study by yourself.

3 ノートを出^だしてください。

Take out your notebook.

4 本を出^だしてください。

Take out your book.

5 本を開^{ひら}いてください。

Open your book.

6 本を閉^とじてください。

Close your book.

7 ^{えんぴつ}鉛筆をしまってください。

Put away your pencil(s).

- | | | |
|----|--|---|
| 8 | ^{ほん} 本を読んでください。 | Read your book. |
| 9 | ^か 書いてください。 | Write. |
| 10 | ^{おぼ} 覚えてください。 | Remember / memorize |
| 11 | ^{こくばん} 黒板に ^か 書いてあるものを
ノートに ^{うつ} 写してください。 | Copy the notes on the blackboard
into your notebook. |
| 12 | ^て 手をあげてください。 | Raise your hand(s). |
| 13 | ^て 手を ^お 下ろしてください。 | Put your hands down. |
| 14 | ^{ほう か ご} 放課後 ^き 来てください。 | Please come back after class. |
| 15 | ^{じぶん} 自分の ^{せき} 席にもどきなさい。 | Go back to your seat. |
| 16 | ^た 立ってください。 | Please stand up. |
| 17 | すわってください。 | Please sit down. |
| 18 | ^{はじ} 始めてください。 | Please begin. |
| 19 | ^い 言ってください。 | Please say it. / Tell me the answer. |
| 20 | ^{こた} 答えは ^{なん} 何ですか。 | What's the answer? |
| 21 | ^け 消してください。 | Please erase it. |
| 22 | ^{あす} 明日までに ^も 持ってきてください。 | Please bring it by tomorrow. |
| 23 | ^お 終わります。 | That's all for now / today. |
| 24 | ついてきてください。 | Follow me. |
| 25 | ちょっと ^ま 待ってください。 | Wait a moment, please. |

- 26 ^{きょうしつ はい} 教室に入ってください。 Please enter the classroom.
- 27 ^お 終わりましたか。 Are you finished?
- 28 おもしろいですか。 Is it interesting?
- 29 むずかしいですか。 Is it difficult? / is it hard to understand?
- 30 () ^{つか かた} の使い方がわかりましたか。 Do you know how to use ()?
- b. ^た その他 Other Useful Phrases**
- 1 () ^き へ来てください。 Please come to ().
- 2 () ^い へ行ってください。 Please go to ().
- 3 () ^{せんせい} 先生のところへ
^い 行ってください。 Please go see () sensei.
- 4 () ^き さんに聞いてください。 Please ask () sensei.
- 5 ^{あ す よてい} 明日の予定です。 Our schedule for tomorrow.
- 6 () ^{せんせい わた} 先生に渡してください。 Please give (it/this) to () sensei.
- 7 ^{いえ ひと わた} 家の人に渡してください。 Please give (it/this/that) to your mother or father.
- 8 ^{ちゅうしょく がっこう きゅうしょく た} 昼食は、学校で給食を食べます。 Lunch will be served at school.
- 9 ^{ちゅうしょく とき ぎゅうにゅう} 昼食の時に牛乳がでます。 Milk will be served with lunch.
- 10 ^{べんとう も} 弁当を持ってきてください。 Please bring a *bento* (boxed lunch).
- 11 ^{じかんわりひょう} これは時間割表です。 This is the schedule.
- 12 あなたは () ^{ねん} 年 () ^{くみ} 組です。 You are in the () year, () class.
- 13 ^{しゅっせきばんごう} 出席番号は、 () ^{ばん} 番です。 Your student number is ().

- 14 6時間目にクラブがあります。 There will be club activities 6th period.
- 15 何クラブに入りますか。 What club do you want to join?
- 16 今日は日本語の勉強があります。 We will study Japanese today.
- 17 日本語の辞書を持っていますか。 Do you have a Japanese dictionary?
- 18 毎日掃除があります。 We clean every day.
- 19 これは連絡帳です。 This is the school's contact information.
- 毎日持ってきてください。 Please bring it to school every day.
- 20 体操着に着替えてください。 Please change into your gym clothes.
- 21 () 円で売っています。 It / this costs () yen.
- 22 値段は () 円です。 The price is () yen.
- 23 何か困っていることはありませんか。 Is there anything wrong?
- 24 心配なことを言ってください。 Please tell me what's worrying you.
- 25 いやなことを言ってください。 Please tell me what's wrong.

C. 食事に関すること

Meals

- 1 手を洗ってください。 Please wash your hands.
- 2 用意してください。 Please get ready.
- 3 取りに来てください。 Come and take your ().
- 4 配ってください。 Please pass these out.
- 5 食べ始めてください。 Please begin eating.
- 6 食べられますか。 Don't you like it?

- | | | |
|----|-------------------------------|------------------------------------|
| 7 | お
終わりにしてください。 | Please finish up. |
| 8 | しょっき
食器をかたづけてください。 | Please put the dishes away. |
| 9 | ナプキンは まいにちあら
毎日洗ってください。 | Please wash your napkin every day. |
| 10 | のこ
残してもいいですか。 | Do I have to eat it all? |
| 11 | あ す きゅうしょく
明日から 給食 はありません。 | Lunch will not be served tomorrow. |
| 12 | さら
皿 plate / dish | スプーン spoon |
| | はし
箸 chopsticks | しょっき
食器 dishes / tableware |
| | おわん bowl | ぎゅうにゅう
牛乳 milk |
| | ぱん
パン bread | ごはん rice / meal |

D. 掃除に関すること

Cleaning

- | | | |
|----|-----------------------|---------------------------------------|
| 1 | そうじ はじ
掃除を始めてください。 | Please begin cleaning. |
| 2 | () を運んでください。 | Please carry (this). |
| 3 | ならべてください。 | Please straighten these/those up. |
| 4 | ふいてください。 | Please dust / wipe this/that. |
| 5 | はいてください。 | Please sweep the floor. |
| 6 | ぞうきんをあら
洗ってください。 | Please wash the dust rag. |
| 7 | みず
水をくんでください。 | Please go get some water. |
| 8 | まど あ
窓を開けてください。 | Please open the window(s). |
| 9 | まど し
窓を閉めてください。 | Please close the window(s). |
| 10 | せいとん
整頓してください。 | Please tidy up / put things in order. |

11 ぞうきんを持^もってきてください。 Please bring your dust rag here.

12 ごみを捨^すててきてください。 Please take out the trash.

13 今日^{きょう}は掃除^{そうじ}がありません。 There will be no cleaning today.

14 ほうき	ちりとり	はたき
broom	dustpan	duster
そうじようぐい 掃除用具入れ	ごみ	ばこ ごみ箱
broom closet	trash / garbage	trash can / garbage can / bin
チョーク	こな チョークの粉	こくばん け 黒板消し
chalk	chalk dust	eraser
つくえ	いす	ぞうきん
desk	chair	dust rag
バケツ	モップ	みず 水
pail / bucket	mop	water

E. 健康^{けんこう}に^{かん}関すること

Health

1 どこが具^ぐ合^{あい}悪^{わる}いですか。 What's wrong?

☐ 頭^{あたま}が痛^{いた}い

My head hurts.

☐ おなか^{いた}が痛^{いた}い。

My stomach hurts.

☐ だるい

I feel tired.

☐ さむけ^{げり}がする

I have the chills.

☐ 下痢^{げり}をしている。

I have diarrhea.

☐ 喘息^{ぜんそく}の発作^{ほっさ}がでた

I had an asthma attack.

☐ 吐^はき気^けがする。

I feel nauseous.

☐ 吐^はいた

I vomited / threw up.

☐ のど^{いた}が痛^{いた}い

My throat hurts.

☐ 熱^{ねつ}があるようだ

I think I have a fever.

☐ めまい^{めまい}がする

I feel dizzy.

☐ トイレ^{トイレ}行きたい

I have to go to the bathroom.

☐ 寝^ね不足^{ぶそく}だ

I'm sleepy.

☐ 疲^{つか}れている

I'm tired.

☐ 苦^{くる}しい

I feel terrible.

<input type="checkbox"/> いやなことがあった Something bad happened.	<input type="checkbox"/> ^{しんぱい} 心配なことがある Something is bothering me.	<input type="checkbox"/> ^{いま} 今、 ^{せいりちゅう} 生理中です I'm having my period.
<input type="checkbox"/> ^{きもちわる} 気持ちが悪い I don't feel well.	<input type="checkbox"/> ^{ばいた} むし歯が痛い I have a toothache.	<input type="checkbox"/> ^{かぜひ} 風邪を引いている I have a cold / the flu.
<input type="checkbox"/> ^{しっしん} 湿疹がでている。 I have a sore on my skin.	<input type="checkbox"/> ^{ひんけつぎみ} 貧血気味です。 I am anemic.	<input type="checkbox"/> ^{はなぢ} 鼻血がでている I have a nosebleed.

2 いつからですか。 When did you start to feel bad?

<input type="checkbox"/> きのうから Yesterday	<input type="checkbox"/> ^{けさ} 今朝から This morning	<input type="checkbox"/> () ^{こうじ} 校時から During () period.
<input type="checkbox"/> () ^{にちまえ} 日前から Starting () days ago.		

3 ^{びょういん}病院に行きましたか。 Did you go to the hospital/doctor?

4 ^{ねつ}熱がありますか。 Do you have a fever?

5 あなたの^{へいねつ}平熱は。 What is your normal temperature?

6 どうして けがをしたのですか。 How did you hurt yourself?

<input type="checkbox"/> ぶつけた I ran into something.	<input type="checkbox"/> ころんだ I tripped / fell.	<input type="checkbox"/> ボールがあたった I got hit by a ball.
<input type="checkbox"/> ひねった I twisted my ().	<input type="checkbox"/> ^き 切った I cut my ().	<input type="checkbox"/> ささった I got bitten / stung.
<input type="checkbox"/> けられた I got kicked.	<input type="checkbox"/> なぐられた I got hit.	<input type="checkbox"/> おされた I was pushed.
<input type="checkbox"/> ^{ゆび} つき指した I sprained my finger.	<input type="checkbox"/> ねんざした I sprained my ().	

7 どこで

Where?

☐ 教室 きょうしつ

Classroom

☐ 中庭 なかにわ

Courtyard

☐ 廊下 ろうか

Hall

☐ 階段 かいだん

Stairway

☐ 校庭 こうてい

Playground

☐ 体育館 たいいくかん

Gym

8 ごはんを^た食べましたか。

☐ Have you eaten?

^た食べました。

☐ Yes, I have eaten.

^{じかん}時間がなくて^た食べませんでした。

☐ No, I didn't have time to eat.

^{しょくよく}食欲がなくて、^た食べませんでした。

☐ No, I wasn't hungry.

9 ^{いえ}家に^{だれ}誰かいますか。

Is anyone at home?

10 ^{かえ}ひとりで帰れますか。

Can you get home by yourself?

11 ^{むか}迎えに^き来てもらいますか。

Is someone coming to take you home?

12 ^{いしや}医者^ににみてもらっていますか。

Have you seen a doctor?

13 ^のくすりを飲んでいますか。

Are you taking any/your medicine?

14 ^{かえ}帰ってから、^{びょういん}病院^いに行きなさい。

Go to the hospital after you go home.

15 ^{ねつ}熱をはかります。

I'm going to take your temperature.

16 ベッドで^ね寝ていなさい。

Lie down, please.

17 うがいをしなさい。

Please gargle.

18 そでをまくりなさい。

Please roll up your sleeve.

19 ^{きょうしつ}教室にもどっていいです。

You can go back to class now.

- | | | |
|----|--|--|
| 20 | 今朝 ^{けさ} うんちがでましたか。 | Did you go to the bathroom this morning? |
| 21 | トイレに行 ^い ってきなさい。 | Please go to the bathroom now. |
| 22 | くすりをつけます。 | I'm going to apply this medicine. |
| 23 | さわらないでください。 | Don't touch it. |
| 24 | おふろに入 ^{はい} ってはいけません。 | Don't bathe until you are better. |
| 25 | 運動 ^{うんどう} してはいけません。 | Don't do any strenuous exercise. |
| 26 | 静 ^{しず} かにしていきましょう。 | You need to rest. |
| 27 | これを医 ^い 者 ^{しや} にわたしてください。 | Give this to your doctor. |
| 28 | 身長 ^{しんちよう} height | 体重 ^{たいじゆう} weight |
| | 視力 ^{しりよく} eyesight | 聴力 ^{ちようりよく} hearing |

F. 集^{しゅう}会^{かい}に関^{かん}すること

Meetings and Group Activities

- | | | |
|---|--|----------------------------------|
| 1 | () に () 時 ^じ に
集 ^{あつ} まってください。 | Meet at (place) at (time). |
| 2 | 早 ^{はや} くしてください。 | Quickly! / Hurry up. |
| 3 | きちんとならんでください。 | Line up. |
| 4 | はなしをやめましょう。 | No talking! / Quiet, please. |
| 5 | その場 ^ば に しゃがみましよう。 | Squat down and wait there. |
| 6 | その場 ^ば に 腰 ^{こし} をおろしましよう。 | Sit down and wait there. |
| 7 | 立 ^た ってください。 | Please stand up. |
| 8 | 朝 ^{ちよう} 会 ^{かい} があります。 | There will be a morning meeting. |

- 9 集会しゅうかいがあります。 There will be a meeting.
- 10 二列にれつにならんでください。 Line up in two rows.
- 11 左ひだり (右みぎ) に よりましょう。 Move over to the left / right.
- 12 体育館たいいくかんに 集合しゅうごうしてください。 Wait at the gym.

G. 非常時ひじょうじに関することかん

Emergencies and Drills

- 1 避難訓練ひなんくんれんがあります。 There will be an emergency drill.
- 2 机つくえの下したにもぐりなさい。 Take cover under your desk.
- 3 防災ずきんぼうさいをかぶりなさい。 Put on your protective caps.
- 4 口くちと鼻はなをハンカチで押おさえなさい。 Cover your mouth and nose with your handkerchief.
- 5 おさない かけない しゃべらない No pushing, running or talking.
- 6 前まえから出でなさい。 Exit from the front.
- 7 後ろうしから出でなさい。 Exit from the rear.
- 8 地震じしんです。 We're having an earthquake.
- 9 火事かじです。 There is a fire.
- 10 家いえの人ひとが迎えむかにくるまで、
ここにいなさい。 Wait here until someone from home comes to get you.

H. 連絡事項に関すること

Messages and Notes

- | | | |
|----|------------------------------|--|
| 1 | これをおとうさん（おかあさん）
に渡してください。 | Please give this to your
father / mother |
| 2 | これをおとうさん（おかあさん）
に見せてください。 | Please show this to your
father / mother |
| 3 | お話ししたいことがあります。 | We would like to speak to you. |
| 4 | 学校からあなたのおうちに
電話します。 | The school will call you. |
| 5 | 学校に電話をください。 | Please call the school. |
| 6 | 明日 学校に来てください。 | Please come to the school tomorrow. |
| 7 | 明日 学校に来ることができますか。 | Can you come to the school tomorrow? |
| 8 | これから、私がお宅にうかがいます。 | I am going to visit you at home. |
| 9 | ここに印鑑を押してください。 | Please stamp your seal here. |
| 10 | ここに印鑑を押して、署名して
もってきてください。 | Please stamp your seal here, sign
your name and bring this form to
the school. |



平成 25 年 2 月 28 日 初版発行
令和 6 年 12 月 改訂版発行

発行 横浜市教育委員会事務局 小中学校企画課

横浜市中区本町 6－50－10
電話 045（671）－3588

◆『ようこそ横浜の学校へ』は、次のホームページからダウンロード可能です。

<https://www.city.yokohama.lg.jp/kosodate-kyoiku/kyoiku/plankoho/kyouikukoho/nihongoshido-tebiki.html>