Check Input Receipt

To: Mayor of Setagaya City

YYYY-MM-DD

## Notification of Change/Withdrawal of Application for Enrollment in (Transfer to) Nursery School, etc./Extended Childcare at City Nursery School, etc.

		City			Dictrict	C4	reet No		Block	ν No.				
Notifier	Setagaya Build	•			District	31	ileet ivc	١.	DIUCI	No.				
(Guardian)	(Kana reading)	Telephone	numb	er										
	Name					(		)			F	Received	l	
	(				Date of									
(Kana reading) Name of Child					Birth			Y	YYY-MI	M-DD				
					Date of Birth			Y	YYY-MI	M-DD				
					Date of Birth			Y	YYY-MI	M-DD				
Thereby □  1. Change of	-	w nursery sch	ool, etc. fo		☐ Extended	Chil	dcare a	at City	Nurse	ry Schoo	l, etc. <sup>a</sup>	s follo	ws.	
Once the preferre	d nursery sch	ools are changed, a	all of previous p	references shall	be cancelled. Fill in	he cod	de No. an	d the na	me of th	e nursery so	chools fror	n the first	choice	aga
	-	_			onfirm in advance w					·				
If the extended ch	nildcare (montl	nly) at a City Nursre	ey school is nec	cessary, submit a	another application for	rm.								
1 <sup>st</sup> Choice					6 <sup>th</sup> Choice									
	-													
2 <sup>nd</sup> Choice					7 <sup>th</sup> Choice	;								
2 <sup>nd</sup> Choice					7 <sup>th</sup> Choice									
						)								
3 <sup>rd</sup> Choice					8 <sup>th</sup> Choice	)								
3 <sup>rd</sup> Choice  4 <sup>th</sup> Choice  5 <sup>th</sup> Choice  If there is a cha	s a Sibling	ombination of sibl Preferred Sc olication / dec	hool Table	(Attachment	8 <sup>th</sup> Choice 9 <sup>th</sup> Choice 10 <sup>th</sup> Choice ck the box below a t).	e e md su	o Applica	ants wh	o declir	able.  ne the province sery school		•		
3 <sup>rd</sup> Choice  4 <sup>th</sup> Choice  5 <sup>th</sup> Choice  If there is a cha	s a Sibling	Preferred Sc	hool Table	(Attachment	8 <sup>th</sup> Choice 9 <sup>th</sup> Choice 10 <sup>th</sup> Choice ck the box below a t).	e and su	o Applica	ants wh	o declir red nur	ne the prov	ols, fill in	1 above	as we	
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