## Certificate of school attendance / planned school attendance

## To whom it may concern:

- \* This certificate will be used for admission to a nursery school, extended care, and continued admission, so please fill in all information without omissions.
- \* False certifications and certifications written in pencil or erasable pen are invaild.
- \* If you make a mistake, cross it out and fill in the correct information.
- \* If any information provided is false, admission or attendance at the nursery school will be cancelled.

To the Mayor of Setagaya Ward

Setagaya City, Children and Youth Department, Childcare Certification and Coordination Division, Admissions Section TEL 03(5432)1200

The following statements are certified as facts.

\*If you create or after the contents of this certificate without permission from your school, you may be held criminally liable.

	Birthday
Name	YYYY MM DD
Faculty, Department,	
Course, Field of study	
Date of enrollment	YYYY MM DD
(expected)	TTTT IVIIVI DD
Period of study	From MAN DD Lintil MAN DD
(expected)	From YYYY MM DD Until YYYY MM DD
Number of days and	
hours of attendance	Days : DD (per month) Time : Total hours and minutes Xincluding break time
including break time	
*If you plan to ch	nange the number of days or hours or attendance or take a leave of absence, please fill out the following.
Change period	From YYYY MM DD Until YYYY MM DD
(scheduled)	FIGHT TITT WIN DD OHUI TITT WIN DD
The number of days and	
hours of absence after	Days : DD (per month) Time : Total hours and minutes Xincluding break time
change	
	*If you have any planned leave of absence, please fill out them here.
Remarks	
As stated above, it I	has been proven that the person is attending school (or plans to attend school).

Name of school	Certification date		YYYY MM DD
Representative Name	0	Department	
Address	ontact	Name	
	::	TEL	( )

\*End of school certificate section.

*Please complete the following by parents.  Section to comlete by parents.	※Parents of children should fill in only this section.						
Child's name :		Birthday :	YYYY MM DD				
*Please check the appropriated box.If yo	- ,	school , please als	o fill out the name of the faci	lity.			
Application for Benefit Application for Certification or transfer	Attending a nursery	school (the name of t	he facility :	)			