個人カード［3年間保存版］

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| 1年 |  | 組 |  | 号 | 2年 |  | 組 |  | 号 | 3年 |  | 組 |  | 号 | 男・女 |

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| 生　徒  氏　名 | | ふりがな | | | |  | | | | | | | | | | | | | | 生年月日 | | | | | 平成 | | | |  | | | | | 年 |  | | | | 月 |  | | | 日生 |
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|
| 保護者  氏　名 | | ふりがな | | | |  | | | | | | | | | | | | | | 続柄 | | | | | 本人の | | | | |  | | |  | | | | | | | | | | |
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| 現住所 | | | 宇土市 | | | | |  | | | | | | | 町 | |  | | | | | | | | | | | 番地 | | | | | 地区： | | | | |  | | | | | |
| 自　宅  電話番号 | | | ( ) - | | | | | | | | | 緊急連絡先  (職場/携帯等) | | 職場名 | | | | | | | | | | | | | | | | | | | 電話番号 | | | - - | | | | | | | |
| 携帯持主 | | | | | | | | | | | | | | | | | | | 電話番号 | | | - - | | | | | | | |
| 家族構成 | 氏名 | | | | | | | | | 本人との関係 | | | | 年齢 | | | | 勤務先名等 | | | | | | | | | | | | | | | | | | | | ［連絡先］ | | | | | |
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| 本人の状況（特記すべき内容をお書きください） | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 出身小学校 | | | | | | |  | | | | | | | | | | | | | | ６年時の担任 | | | | | | | | | | |  | | | | | | | | | | 先生 | |
| 部活動 | | | |  | | | | | | | 塾・習い事 | | | |  | | | | | | | | | | | | 週 | | |  | | | | 回（曜日:　　） | | | | | | | | | |
| 自宅付近の地図　※目印になる建物等を基準に分かりやすく記入（または地図ｿﾌﾄのｺﾋﾟｰ貼付）をお願いします。 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 通学距離： | | |  | | | | km | | 通学時間： | | | |  | | | 分 | | | 方法： | | | | 徒歩　　自転車　　その他[　　　] | | | | | | | | | | | | | | | | | | | | |
| 近所の生徒 | | | | | ［　］年　氏名： | | | | | | | | | | | | | | | | | | | ［　］年　氏名： | | | | | | | | | | | | | | | | | | | |
| 備　考 | | | | | * 身体・健康面で特に注意しておくことがありましたら支障のない範囲で記入して下さい。   ・ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| * この個人カードは３年間使用します。   ※年度毎に確認をしていただき、変更がある場合は、訂正をお願いします。（年齢の書き換えは不要です）   * 確認印を押して、担任へ提出をお願いします。   ※ PC入力用のデータは中学校Webﾍﾟｰｼﾞでﾀﾞｳﾝﾛｰﾄﾞできます。  ☞　住吉中Webﾍﾟｰｼﾞ＞ﾎｰﾑ＞学校生活＞個人ｶｰﾄﾞ（Word版） | | | | | | | | | | | | | | | | | | | | | |  | | | |  | | | | |  | | | | | | | | | | | | | |
| １年生 | | | | | | ２年生 | | | | ３年生 | | | |
|  | | | | 保護者確認印 | | | | |  | | | | | |  | | | |  | | | |