Todai	Day Nursery					
	Withdrawal Form					
			/yr	/mo	/dy	
To The University of Tokyo						
	Current					
	Address					
	Dept.					
	Occupation					
	Name				Signature	
	Tel.No.		Ext.No.			
	(Home)					
	(Cell / PHS)					
	E-mail					
With regard to the day Nurs	sery of my child below					
1. Name of child						
2. Please write the reasons	s for Withdrawal (specific)					
2. Please write the reasons	s for Withdrawal (specific)					
2. Please write the reasons	s for Withdrawal (specific)					

3. The day of With	hdrawal			
-				
	YY/	MM/	DD/	
4. Contactable Add	ress after Withdrawal f	rom the day Nursery		
	n your address if it is di	*		
•	J - 1 10 10 10 10 10 10 10 10 10 10 10 10 1			
Address				_
Tel.No.				_
Cell /PHS				_
E-mail				_
	0 1 11 1 0	.1 0 *:1 1		
★Please submit the 1	torm by the end of previ	ous month of withdrawal.		

保育担当者確認

東京大学確認