Todai		_Day Nursery
	Absence Form	_ ,

				<u>-</u>	/yr	/mo	/dy
To The University of To	okyo						
		Current Address					
		Dept.					
	_	Occupation					
	_	Name					
		Tel.No.				Ext.No.	
		(Home)				LAt.110.	
	_	(Cell / PHS)					
	_	E-mail					
With regard to the day	Nursery o	f my child bo	elow				
1. Name of child							
2. Please write the re	asons for	A heanca (ena	ocific)				
2. Thease write the re	asuns 101 .	Absence (spe	cinc)				
3. The period of Abso	ence						
YY/	MM/		~	YY/		MM/	
4. Contactable Address	during Ab	sence the day	Nursery				
(Please write down ye				re)			
Address							
Tel.No.							
Cell /PHS							
E-mail							
※Please submit the form	by the 20	h of previous	month of abs	ence.			
							
東京大学確認			保育担当者確認				