

②Support Project for Foreign Residents Raising Children in Okayama Application Form

send to OPIEF (FAX:086-256-2489)

Application Date: 2012 m d

Parent)	Furigana Name (M/F)		さい 才
(Child)	Furigana Name (M/F)		さい 才
Nationality		Language	
Japanese Level (Non-Japanese people only)	<input type="checkbox"/> Can read passages with kanji in them. <input type="checkbox"/> Can read passages with hiragana included for the kanji readings. <input type="checkbox"/> Cannot read passages in Japanese.		
Address	〒 —		
Tel. no			
Fax no.			
Mobile tel. no.			
Email address			
Name of school			
Do you want day care service of Child or not?	Yes	no	
Please answer the questions on the right.	Q. Is there any food you can't eat for religious or dietary reasons? ⇒ (Y・N) (If there is, please write below.)		
※ <small>うけつけ</small> 受付No.	※ <small>びこう</small> 備考(office use only)		

※In cases of multiple people, insert numbers like 1. 2. Etc.