

Form 15 (relating to Article 16 and Article 25)
 To: Mayor of Setagaya City

Checked	Entered	Received

Date (YYYY-MM-DD):

**Enrollment or Transfer
 Extended Nursery care at a Municipal Nursery School and Tamon Kindergarten
 Application Change/Withdrawal Notification**

Notifier (Guardian)	Setagaya City Chome Ban Go Building		NO.
	Kana reading	Telephone No.	Received
	Name	()	
Kana reading Name of child	Date of birth (. .)		
	Date of birth (. .)		
	Date of birth (. .)		

- I have already applied for enrollment or transfer
 extended nursery care at a municipal nursery school
 change
 withdraw the application as follows.

1. Change of preference of nursery school enrollment or transfer →

After changing, I prefer all _____ schools. (Attachment) Yes · No

- *Your previous nursery school choices will be cancelled if you change your preferences. Please fill in your new choices, starting with your 1st choice of school.
 *The eligible age of nursery schools differs for each facility and service. Please refer to the Admission Guide for more details.
 *You can select up to ten choices. More than ten choices will not be considered in the screening process.

1st choice	6th choice
2nd choice	7th choice
3rd choice	8th choice
4th choice	9th choice
5th choice	10th choice

2. Withdraw application · Withdraw provisional enrollment

*Please fill in section 1 above if you are withdrawing your provisional enrollment and wish to change schools.

_____ Nursery School (Application in progress · Provisional enrollment)
 *Please fill in your 1st choice if you already have an application in progress.
 ↳ Reason _____

[Please be sure to fill in this section if you decline your provisional enrollment]

I wish / I do not wish to conduct screening during the valid application period from the following month.
 I wish / I do not wish the nursery school that I withdraw my provisional enrollment in screening during the valid application period.
 In case of withdrawing your provisional enrollment, I contacted the nursery school
 I will contact at or around (date): _____

[About the period you want to be reviewed]

- I only want to be reviewed for (month) enrollment. I want to be reviewed for enrollment within the effective period.

3. Other changes to the application

*Please describe details such as your status of employment, status of your household, preferred conditions for siblings, status of acceptance, and contact information.