

KIPS Change of Registered Details Form

登録内容変更届け

Student's name: _____ Class: _____

Please check (☑) the item/s you wish to change and provide details as appropriate.

変更する項目についてチェックマークし、必要な情報を記入してください。

What has changed? 変更するもの	Previous details 変更前	New details 変更後	Effective from 変更開始日 (MM/DD/YYYY)
Address: <input type="checkbox"/> Home address			
Telephone: <input type="checkbox"/> Home telephone <input type="checkbox"/> Father's mobile phone <input type="checkbox"/> Father's work phone <input type="checkbox"/> Mother's mobile phone <input type="checkbox"/> Mother's work phone			
Emergency contact: <input type="checkbox"/> Contact name <input type="checkbox"/> Contact address <input type="checkbox"/> Contact telephone			
Allergies/Medical conditions/Other: <input type="checkbox"/> Allergies <input type="checkbox"/> Medical conditions <input type="checkbox"/> Other			

Please note:

If any of your registered details change again during the year, **please notify the office immediately** by re-submitting this form. KIPS will not be held responsible for any difficulties encountered in contacting parents or emergency contacts due to outdated information.

学年度内で再度変更が必要な場合は、**直ちにオフィスにこの用紙を再提出してください**。届け出の遅れによる保護者への連絡、緊急時の連絡などに支障がきたした場合、学校は責任を持ちません。

Parent/Guardian's signature: _____

Date: ____ / ____ / ____
(e.g. Jan./1/2013)

Office use only

Received	Input

KIPS will only use the information you provide on this form for its intended purpose. Your details will be held in strict confidence and will not be distributed to third parties for any reason.
当校はこの情報を本目的以外には使用しません。また、本情報は厳重に管理し、いかなる理由があっても第三者に公表されません。