Dear Parent or Guardian,

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  |  | |  |  |  |  |
| (Year) | / | (Month) | | / | (Day) |  |
| () School | | | | | | |
| Principal（） | | | | | | | |

**HEALTH EXAMINATION FOR SWIMMING LESSONS**

では、６ ● のプールきをとして、ののがまります。

Swimming lessons will commence after the opening of the school pool on the ● of June.

やをするためにも、どもたちのをしたいといます。

We would like to examine the heath of the students to prevent any diseases and accidents.

ですることなどがありましたらのにし、までおらせください。

If there are any problems or health concerns for your child, please write them on the form below and return to the homeroom teacher before the start of the swimming lessons.

にないでも、「になし」としてしてください。

If there are no problems, please write “None” and return the form to the homeroom teacher.

なお、のがとわれるは、にしてください。

In cases in which a doctor’s exam is needed, please have the exam as soon as possible.

-------------------------------------きりとり　CUT-------------------------------------

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  | |  |  |  |  |  |  |
| Grade | |  | Class |  | Number |  | Student’s Name |
| のについて、でしておきたいことがありましたらおきください。  Please write any concerns about swimming lessons or your child’s health here. | | | | | | | |

6●までにまでしてください。

Please return this form to the homeroom teacher by the ● of June.