

To parents/guardians of new 1st graders starting in April 2026

Communicate your child's personality.

TULIP SHEET

What is Tulip Sheet ?

Each child is unique and has rich potential. They have a variety of interests, perspectives, and ways of interacting with friends. Let's use this sheet to think together with the school about the necessary considerations after your child enters school so that he or she can have a happy and fulfilling school life.

Chance

Know things needed before enrollment.

Challenge

Improve life with awareness of school life.

Change

Change the environment you are not good at

Enter child's name, etc.

furigana		Gender	Date of Birth
Name			Year / Month / Day / /

From filling out Tulip Sheet to submitting it

Tulip Sheet will be mailed to each family.

Fill out the Tulip Sheet at home.

If you have any questions or concerns about how to fill out, please inquire us at the contact below.



Bring it on the day of the health checkup for entering school.
Please be sure to submit it to the school.

- * If you could not attend the health checkup on the day of checkup, please be sure to bring this sheet with you on the day of the admission briefing, which will be held from late January to February.
- * If you are enrolled in a special needs school, or the like, contact the special needs school in advance to set up a date and bring the sheet with you.
- * This sheet will be used by the school to which it is submitted to ascertain the child's living situation. Sheets will not be returned, so please make copies at home if necessary.

Inquiries:
Support Management Section, Child Support Center, Genki
Adachi City
Tel. : 03-5681-0134 (Direct) FAX : 03-3852-2864



確認印	校長	担任

1 Please fill in what you would like the school to know about growth and development.

(1) State of the child

Please enter the circle(○) in either box of "can" or "cannot" for each item. If the answer is "cannot", please indicate what you are trying at home.

	State of child	Can	Cannot	What you are trying at home.
1	Can urinate and defecate alone in the toilet.			
2	Can eat without likes and dislikes.			
3	Able to change clothes and put them away by oneself.			
4	Can read his/her name, which is written in <i>hiragana</i> .			
5	Can answer questions such as "What did you play today?" while remembering what happened.			
6	Able to listen to and understand what the parent/guardian is saying until the end.			
7	Able to wait for a few people for his/her turn on the swing in the park.			
8	Can say themselves such as "Can I borrow?", "Let me join", "I'm sorry," and "Thank you".			
9	Can convey to you that he/she is in trouble using words such as "I don't understand" or "Tell me", etc.			
10	Can enjoy playing tag and other games with friends while following the rules.			
11	Able to communicate thoughts and feelings in words with friends.			
12	Able to act with verbal direction only in the event of an earthquake or other disaster or during an emergency evacuation.			

(2) Please indicate your child's physical condition.

① Major illnesses and injuries ever had.
② Matters to be considered other than above (medication, exercise restrictions, allergy, etc.)

(3) Please indicate the state at home

① What your child is good at.	② Things that you worry about your child
③ Things to keep in mind when playing and in daily life	④ Things you take it important in life with your child.

(4) Application for school enrollment counseling

For school enrollment counseling at Child Support Center, Genki () <u>I have applied or plan to apply.</u> () I have not applied.
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(5) If there are brothers or sisters at the school where you wish to attend, please fill them in.

Name	Relationship	School Grade, Class
		School Grade / Class
		School Grade / Class
		School Grade / Class

2 Enter the name of the pre-school institution where your child is currently attending (accredited kodomoen, kindergarten, nursery school, medical treatment and education institution, medical institution, etc.). Also, if there are any organizations (health center, medical institution, etc.) that you are consulting with regarding developmental matters, etc., please enter the name.

Institution name	
Date of enrollment to school Year Month Day	Tel. No.
Name of consulting organization	Tel. No.

3 Name of Parent (Guardian)

Name of Parent (Guardian)		Relationship with child	Contact Tel. No.	Home	
				Emergency Contact (Mobile, etc.)	

The school will use this sheet in the event of consulting with relevant organizations (medical, health, welfare, education fields, pre-school institutions, and medical treatment and education institutions).

(I agree • I do not agree)