・

Application for Dekijima Japanese Language Class

　　　　　年　　　月　　　日

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| フリガナ  Furigana |  | | | | Age | | yrs. |
| Name |  | | | |
| ・  Address | (〒　　　　　　－　　　　　　) | | | | | | |
| Phone number |  | | メールアドレス  email address |  | | | |
| はどこですか？  Nationality |  | First language |  | Second language | |  | |
| いつにきましたか？When did you come to Japan? | Year　　　　Month | | なぜにきましたか？Purpose for coming to Japan |  | | | |
|  | | | | | | | | |  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |

【申込先】　西淀川区役所　地域支援課　(にしよどがわくやくしょ　ちいきしえんか)

　FAX番号　０６－６４７８－５９７９

【Application destination】

Nishiyodogawa Ward Office Community Support Division Fax number06-6478-5979

　E-ｍａｉｌ：tk0013@city.osaka.lg.jp