Student Information			
Name		Sex	
		Blood Type	
Date Of Birth		Normal Temperature	
Name Of School		Age	
Motion Sickness		Grade / Form	
Religious Faith		Drug Allergies	
Allergies	*Is there any foods or beverages that you cannot t		reed, health or any other reasons?
Parents And Guardians Information			
Name		Relationship	
		Occupation	
Address			
Phone Number		Fax Number	
e-mail		Emergency Contact Number	

Hiroshima Student Peace Forum Entry Sheet

*Required Entry For Parents And Guardians:

Tell me what student's character, personality, interest and health condition

*Required Entry For Student:Is there anything that you want to do at this program

*Required Entry For Student:Please write an essay on the theme of peace (About 1-2 report sheets)

Resolution

*Required Entry For Student: I approve and agree with all of the pamphlets and guidelines,

Date Of Filling Out

Signature

*Required Entry For Parents And Guardians: I accept and approve all the pamphlets and guidelines and apply for participation.

Date Of Filling Out

Signature

*Personal information acquired in this document is used only for the purpose of implementing this program.