様式４－１

兵庫県立淡路景観園芸学校園芸療法課程

**出　願　理　由　書**

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| ※受験番号 | | |  | | | | | | | | ※備　　考 | | | |  | | | | | | | |
| ふ り が な  氏　　　名 | | |  | | | | | | | | 枚数 | | | | １　枚　／　２　枚 | | | | | | | |
| 項　　　目 | | | 応募動機（園芸療法をどのように知ったのか、どのような経験が応募につながったのか、なぜ本校を受験したのかなど） | | | | | | | | | | | | | | | | | | | |
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様式４－２

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**出　願　理　由　書**

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様式４－３

兵庫県立淡路景観園芸学校園芸療法課程

**出　願　理　由　書**

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様式４－４

兵庫県立淡路景観園芸学校園芸療法課程

**出　願　理　由　書**

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| 項　　　目 | | | 自己ＰＲ（経験を踏まえた自己の性格・特徴、園芸療法士としての適性など） | | | | | | | | | | | | | | | | | | | |
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| ※受験番号 | | |  | | | | | | | | ※備　　考 | | | |  | | | | | | | |
| ふ り が な  氏　　　名 | | |  | | | | | | | | 枚数 | | | | ２　枚　／　２　枚 | | | | | | | |
| 項　　　目 | | | 自己ＰＲ（経験を踏まえた自己の性格・特徴、園芸療法士としての適性など） | | | | | | | | | | | | | | | | | | | |
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※の欄は記入しないでください。　　　　　　　　　　　　　　　　　　　　　　　　400字

様式５

兵庫県立淡路景観園芸学校園芸療法課程

**健康診断証明書**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| ※ 受験番号 | | |  | | | ※ 判 定 | 検査不要・要再検・要精密 |
| 本  人  記  入  欄 | ふりがな  氏　　名 | |  | | | 生年月日 | 年　　 月　　 日 |
| 最終卒業  学　　校 |  |
| 現 住 所 | | 〒  電話（　　　　）　 　－ | | |
| 診　　　　断　　　　事　　　　項 | | | | | | | |
| 健  　康  　の  　状  　況 | 視　力 | 右 | | 裸　眼（　　　　・　　　　）　　矯　正（　　　　・　　　　） | | | |
| 左 | | 裸　眼（　　　　・　　　　）　　矯　正（　　　　・　　　　） | | | |
| 聴　力 | 右 | | 正　常 ・ 異　常（　　　　　　　　　　　　　　　　　　　　） | | | |
| 左 | | 正　常 ・ 異　常（　　　　　　　　　　　　　　　　　　　　） | | | |
| 結　　核 | | | 有・無 | 「有」の場合、具体的に | | |
| その他の疾病  及び異常 | | | 有・無 | 「有」の場合、具体的に | | |
| **診断の結果、上記のとおり相違ないことを証明する。**  　　　平成　　　年　　　月　　　日  住所（所在地）  医 療 機 関 名  医 師 の 氏 名　　　　　　　　　　　　　　　　　　印 | | | | | | | |

（注）裏面の注意事項に留意してください。

記入上の注意事項

１　※印の欄は、淡路景観園芸学校において記入しますので、出願者及び医療機関等は記入しないでください。

２　「結核」の欄は、有無のいずれかを○で囲み、有の場合は具体的に記入しください。なお、この項目は原則として胸部Ｘ線検査結果を記入します。

３　「その他の疾病及び異常」の欄は、有無のいずれかを○で囲み、有の場合は病名を記入し、特に治療及び教育上の配慮を要すると認められるものについては、具体的に記入してください。

４　検査方法は、学校保健安全法施行規則の定めるところによってください。

様式６

（１／２）

兵庫県立淡路景観園芸学校園芸療法課程

**出願資格認定申請書**

平成　　　年　　　月　　　日

　兵庫県立淡路景観園芸学校校長　様

　兵庫県立淡路景観園芸学校園芸療法課程を受験したいので、出願資格を認定してくださるよう下記のとおり必要書類を添えて申請します。

記

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| --- | --- | --- | --- | --- | --- | --- |
| 申請者 | ふりがな  氏　　名 |  | | | | |
| 生年月日 | 年　　　月　　　日生 | | 性　別 | | 男　・　女 |
| 住　　所 | 〒 | | | | |
| 電話番号 | （　　　　　） | | | | |
| 最終卒  業学校 | 名　　称 | 年　　月卒業 | | | | |
| 住　　所 | 〒 | | | | |
| 電話番号 | （　　　　　） | | | | |
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※　ある場合は、その資格証のコピーを添付すること。

（２／２）

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| ふりがな  氏　名 |  | |
| 学歴（学校教育における16年の課程に係る部分） | | |
| 学　　　　校　　　　名 | | 入 学 ・ 卒 業 年 月 日 |
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様式７

**身体障がいに関する協議申請書**

　兵庫県立淡路景観園芸学校校長　様

　兵庫県立淡路景観園芸学校園芸療法課程を受験したいので、身体障がいに関する協議について下記のとおり必要書類を添えて申請します。

記

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| --- | --- | --- | --- | --- |
| 申　請　者 | ふりがな  氏　　名 |  | | |
| 生年月日 | 年　　　月　　　日生 | 性　別 | 男・女 |
| 住　　所 | 〒 | | |
| 電話番号 | （　　　　　） | | |
| ※代理（代弁）者 | ふりがな  氏　　名 |  | | |
| 関　　係 |  | 性　別 | 男・女 |
| 住　　所 | 〒 | | |
| 電話番号 | （　　　　　） | | |
| 障がいの状況 |  | | | |
| 配慮が必要な内容 |  | | | |

※　代理（代弁者）が必要な場合に記入してください。

注　配慮を必要とする内容を証明できる書類（配慮が必要な箇所の診断書又は手帳のコピー）等を添付してください。