**ＦＡＸ送信票 (099-257-9679)**

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| **市町村・学校名** | **学校** | | | **校長名** | |  | | |
| **分科会名** | **小・中　第　　　分科会** | | | | | | | |
| **欠席する時間帯** | **終日** |  | **午前(全体会)** | |  | | **午後(分科会)** |  |
| **欠席理由** |  | | | | | | | |
| **e-mailアドレス** |  | | | | | | | |