

様式第 2 号 (第 6 条関係)

School Expenses Subsidy Application Form (Pre-Entrance Application)

就学援助費支給申請書(入学前申請用)

Year _____ Month _____ Date _____

Fukuroi City Board of Education

Applicant (Parent/Guardian)

Address _____

Name _____

Phone Number _____

I would like to apply for a school expenses subsidy as follows.

- I agree that the Fukuroi City Board of Education may investigate and use my household's basic resident register, tax-related information and whether my household is in receipt of a public assistance school entrance allowance in relation to the application for the school expenses subsidy.
- If the financial situation of my household is certified as equivalent to the standard of public assistance, I delegate all authority to the principal regarding the request and receipt of my child's school expenses subsidy.
- I agree that the Fukuroi City Board of Education will pay the school meal fee on my behalf to the city.
- I accept that, if my household moves out of the city after receiving the (pre-entrance) payment for school supplies for the new school year etc. for my child who is scheduled to enter school, the Fukuroi City Board of Education will notify the person in charge of the municipality to which we have moved that I have received it as a certified school expenses subsidy recipient.
- I accept that, if my household moves in from outside the city, the Fukuroi City Board of Education will check with the person in charge at the municipality which we moved from whether I have received the (pre-entrance) payment for school supplies for the new school year etc. for my child as a certified school expenses subsidy recipient.

1 Family (Household) Status (As of application date):

Student: Eligible for the Subsidy/Scheduled to Enter Elementary School				
Name	Date of Birth	Age	School Name	Presence of Disability Illness/Symptoms
	• •		学校	YES / NO Description: ()
	• •		学校	YES / NO Description: ()

Status of Other Household Members including Applicant (Parent/Guardian)						
※Including any students or people living alone due to work etc. who are sharing the same livelihood with the applicant regardless of whether they live together or not.						
Name	Date of Birth	Age	Relation ship	Workplace or School Name	Monthly Income (yen)	Presence of Disability/Illness/ Symptoms
	• •		Appli -cant			Y / N ()
	• •					Y / N ()
	• •					Y / N ()
	• •					Y / N ()
	• •					Y / N ()

2 Housing: Please circle the relevant item.

(a) Own house	(b) Rented (house, room, apartment, condominium, etc.)
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3 Please circle the relevant item.

(a) Municipal tax for all household members is exempted.
(b) Receiving child-rearing allowance (Please attach a copy of the beneficiary's certificate.)

4 Reason for Application (Please specify.)

5 Transfer Account (Please fill in the designated account in the applicant (parent/guardian)'s name.)

Name of financial institution	Branch name	Type of deposit
		Ordinary / current
Account number	Account name (in <i>katakana</i>)	

※The above account information will be used only for the (pre-entrance) payment for school supplies for the new school year if your application is approved.

(Notes)

1 Please attach a certificate of income and taxation for all household members (all residents at the same address) excluding ① junior high school students and younger, and ② students aged 16 and older with no income.

2 If your income is not declared, if the application is false, or if the school expenses subsidy is used for other purposes, the certification will be cancelled and the subsidy already paid will have to be returned.