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Only the original Japanese texts have legal effect, and the translations are to be used solely as reference material to aid in the understanding of Japanese texts.

実際の記入、記名、押印は原本(日本語版)にして頂いてください。

英語 English

(第1号様式)

FY2023 Application for School Expenses Support (令和5年度 就学援助費支給申請書)

To: Minokamo City Board of Education

I would like to receive the school expenses support therefore I submit an application with related documents.
To submit an application I agree that Minokamo City Board of Education:
Researches and checks last year's income of me and my household and our living conditions.
I also agree that after my application's approval I will appoint my child's school principal to act as my proxy with regard to a billing desk work to receive the subsidy in FY 2023.
Moreover, in case the payment to school that must be covered by this subsidy becomes unpaid, I agree that the registered my bank account for receiving this subsidy will be changed to the school principal's bank account, and I appoint my child's school principal to act as my proxy with regard to all matters of requesting, receiving, and returning this subsidy.

Date: (year)/ (month)/ (day)

Applicant (parent/guardian):

Parent address	〒 Minokamo-shi				
Type of housing	Homeowner / Rented (Rent yen per month)	Initial / Renewal		Tel. - -	
School name	(FY2023) th grade, class			Student name	
Family members	Name (including the student)	Relation	Date of birth	Occupation (employment name) / School name	Monthly income
		Guardian			yen
		himself / herself			yen
					yen
					yen
					yen
Household conditions	<u>Please encircle the appropriate option.</u>				
	(1) I am receiving the Public Assistance (<i>seikatsu hogo</i>) (2) I am receiving the Child Rearing Allowance (<i>jidofuyo teate</i>). (3) My qualification as a recipient of the Public Assistance (<i>seikatsu hogo</i>) was suspended or ended. (4) My municipal tax status is "exemption" or "reduction." (5) My fixed asset tax status or individual business tax status is "reduction." (6) My status of National Pension System contribution is "reduction", or my status of National Health Insurance premiums is "reduction" or "suspension of collection." (7) (1) – (6) above are not applicable to me, but I am in need because of economic hardship, guardian's sickness, death or unemployment, etc.				
Reason for application (Please explain concretely your difficult financial conditions if you choose (7))					

* Documents to be attached: For item(2), (4) to (7), please submit a document that proves each fact or condition.

* Documents to be attached: For item (7), please submit documents that show income of all family members who live with the child.