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英語 English

(第1号様式)

FY2025 Application for School Expenses Support  
(令和7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 for the fiscal year 2025. Therefore, I hereby submit this application along with the related documents. Moreover, during the application and after the approval of this Financial Assistance, I also agree and give my consent to the Minokamo City Board of Education to inspect and confirm my income and household's living condition.

Moreover, once this application is approved, I agree to appoint my child's school principal to act as my proxy with regard to billing procedures and to receive the Special Needs Education Financial Assistance for the Fiscal Year of application. Also, if there are unpaid balance on school collection fees or School Lunch Fee covered by the Special Needs Education Financial Assistance, I agree that the financial assistance will be assigned to the school principal and for the amount to be allocated for payment of the unpaid balance.

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		(FY2025) ____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
					yen
Household conditions	Please encircle the appropriate option.				
	(1) I am receiving the Public Assistance (seikatsu hogo) (2) I am receiving the Child Rearing Allowance (jidofuyo teate). (3) My qualification as a recipient of the Public Assistance (seikatsu hogo) 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 documens that show income of all family members who live with the child.