

School Expenses Aid Application

Date: Year _____ Month _____ Day _____

Hekinan City Board of Education

Applicant (Parent/Guardian)	Address: Hekinan-City,
	Apartment name:
	Fullname:
	Phone Number:

Those who need school support fees must apply according to the consent form below. I agree to contact the Hekinan City Board of Education immediately if the application details change. In addition, I recognize that after my income as well as the income of my household members, the reasons for application, etc. have been verified by a Hekinan City Board of Education welfare officer, the Board of Education will accept or decline the application based on the evaluation of the welfare officer. After accreditation, we will delegate all authority regarding the request and receipt of school support fees to the school director. In addition, if the school collection fee is unpaid, it may be paid in cash at the discretion of the school principal and deducted from the payment amount. Other than the above, please transfer to the account written on the back.

【school supplies for new enrollment】 If the application form is submitted by January 9, 2026, the payment amount will be determined and paid before enrollment as 2025 certification. If I submit my application by April 2026, I understand that the payment amount will be determined as 2026 certification and will be paid in July 2026.

[Household Situation]
Please enter the information about the guardian(s) and all family members.
[Please provide all background information for all family members.] Include in the accreditation examination.



*Please check the QR code on the right for a description example.
*Please enter the information for the intended student in Row No. 1.
*For those with a disability identification card, etc., please write the degree of disability in the Remarks column below.

No.	Name furigana Last, First	Relation ship	date of birth and age on April 1	Office name/ School name, Grade, and class)	Remarks
1		self	Age: _____ / /	Grade _____ Class _____ school	
2			Age: _____ / /		
3			Age: _____ / /		
4			Age: _____ / /		
5			Age: _____ / /		

Why are you applying for aid? Please explain in as much detail as possible.

[Applicable Items]

Please stamp your personal seal on the box(es) next to line(s) applicable to you, the applicant.
In the case where line 10 is most applicable to the applicant, please write within the parentheses a description of the details.

- ☐ 1. The applicant is receiving welfare insurance. [from Y. M. D.]
- ☐ 2. The applicant's welfare insurance was either revoked or suspended.
[from Y. M. D.]
- ☐ 3. Municipal tax exemption [from Year.]
- ☐ 4. Municipal tax reduction [from Year.]
- ☐ 5. Individual business or property tax reduction [from Year.]
- ☐ 6. Reduction of national pension premium or national health insurance tax [from Year.]
- ☐ 7. Receives child rearing compensation [number:] [from Y. M. D.]
- ☐ 8. Household rehabilitation loan subsidy [from Y. M. D.]
- ☐ 9. Day Laborers who possess a Relief Work Certification for the unemployed, or Day Laborers who are registered by the Public Employee Security Office [from Y. M. D.]
- ☐ 10. Other () [from Y. M. D.]

[Other] ... Please stamp your personal seal in the box(es) next to the (lines) applicable to you, the applicant.

*** Residential House**

- ☐ Ownership (Year built: Total Floor Area: m²)
- ☐ Rental House/Apartment/Company Housing (Include Tax - Monthly Yen)
- ☐ Other (Include Tax - Monthly: Yen)
- ※Does not include rent

【Bank account】... Please stamp your personal seal on the box(es) next to line(s) applicable to you, the applicant.

☐ Continuation applicant wishes to transfer to previous year registration account.

☐ A new applicant or a continuation applicant wishing to change the previous year's registered account (please fill in account information.)

※Please attach a copy of the deposit passbook or cash card

Bank account		(種別)	(口座番号) account number
ginkou • shinyoukinkou head office noukyou • sinyoukumiai branch office		普通	
Account holder	(katakana) name		