

就学援助申請書

New / continuation

School Expenses Aid Application

Hekinan City Board of Education

Applicant (Parent/Guardian)	Address: Hekin
	Apartment name:
	Fullname: ○○○ ○○○
	Phone Number: ○○○-○○○○-○○○

If you are currently receiving a grant, please circle " continuation "

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.

[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 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	Furigana Name of the target child	self	Age: 8 2013/ 6/ 2	Grade 2 Class 3 ○○ school	
2	The names of all the people who live together	father	Age: 38 1983/ 10/ 19		If you have a disability certificate, please enter the information in the remarks column.
3		mother	Age: 38 1983 / 5/ 3		
4		Brother	Age: 13 2008 / 10 / 19	2-2 ○○ CHU	
5			Age:		
6			/ /		

Company name of the place of employment

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

[Applicable Items]

Please put a check mark next to the applicable item.

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 pension [from Year.]
- 7. Receives child rearing compensation [number:]
- 8. Household rehabilitation loan subsidy [from Year.]
- 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.]

It is related to the certification requirements. Please mark the applicable items.

[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)
- ※Please do not include parking fees in your 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) 普通	(口座番号) account number 123456
ginkou • shinyoukinkou noukyou • sinyoukumiai ○○	head office branch office	
Account holder	(katakana) ○○○ ○○○○ ○○○○	Name ○○○ ○○○ ○○○