School Lunch Resumption Notification
学校給食再開届

Date: _____ / _____ / _____

To the Mayor of Hekinan City

Address_____

Applicant (Parent/Guardian)_____

Contact Number_____

I hereby submit this notification to request the resumption of school lunch service as follow

Please place a check mark ☑ in the appropriate box.

Student Information	
Furigana	
Name	
Current Address (Registered Residence)	☐ Same as applicant
School name /Grade/class	Hekinan Municipal _____ Elementary School Grade _____ Class _____
Requested Resumption Date	Resume school lunch service from: _____ Please submit this form at least seven (7) days prior to the requested resumption date (excluding school holidays).

Please scan the QR code on the right to view the Sample Application Form.