Sample Application Form

One form is required for each child.

School Lunch Resumption Notification
学校給食再開届

Application date

Date: 2026/ ● / ●●

To the Mayor of Hekinan City

Name of the elementary school attended by the child.

Enter the address as shown on your resident record.

Address 3-15 koyasitacho hekinan-city

Applicant (Parent/Guardian) Hekinan Taro

Contact Number 0566-42-2504

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	へきなん　みなと
Name	Hekinan Minato
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: 2026/●/● Please submit this form at least seven (7) days prior to the requested resumption date (excluding school holidays).