Hekinan City School Lunch Substitute Food Expense Benefit Application
碧南市学校給食代替食費給付金支給申請書

Date: _____ / _____ / _____

To the Mayor of Hekinan Cityy

Pursuant to Article 5 of the Hekinan City Regulations on the Provision of Benefits for School Lunch Substitute Food Expenses, I hereby apply for the payment of the Hekinan City School Lunch Substitute Food Expense Benefit as follows.

Please place a check mark ☑ in the appropriate box.

Applicant (Parent/Guardian)	
Furigana	
Name	
Current Address (Registered Residence)	
〒	
Contact Number	

Student Information	
Furigana	
Name	
School name /Grade/class	Hekinan Municipal _____ Elementary School Grade_____Class_____

Application Details and Amount Applied For	
Requested Suspension Date	_____School Year _____Semester （ ）
School Lunch Fee Payment Status	☐ No member of the applicant's (parent/guardian's) household has any unpaid school lunch fees in Hekinan City.

Junior High School Enrollment Status of Siblings	☐ No ☐ Yes (If yes, please provide the school name, grade, class, and name.) School Name: _____ Grade: _____ Class: _____ Name: _____ School Name: _____ Grade: _____ Class: _____ Name: _____
Base Amount	Monthly Amount_____Yen × Number of Months_____ ＝ _____Yen①
Other Subsidies	☐ No ☐ Yes（Name of Subsidy：_____ ②Subsidy Amount：_____Yen）
Amount Requested	① － ② ＝ _____Yen

※If you receive a subsidy or other financial assistance under another program for meals provided in place of school lunches, please also submit documentation showing the amount received.

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

☐ I certify that I agree to all five items stated on the reverse side.

（You will be eligible to receive the benefit only if you agree to all of the above.）

Pledges and Agreements

(1) I agree that the Mayor of Hekinan City may inspect the Basic Resident Registration of the child and parent/guardian named in this application, to the extent necessary to determine whether the benefit will be provided.

(2) I agree to submit any additional documents requested by the Mayor of Hekinan City, to the extent necessary to determine whether the benefit will be provided.

(3) I agree that, to the extent necessary to determine whether the benefit will be provided and the amount of the benefit, the Mayor of Hekinan City may request the principal or other relevant personnel of the Hekinan municipal elementary school attended by the child named in this application to provide information regarding this application and any other information necessary for the provision of the benefit, and that the principal or other relevant personnel may provide such information to the Mayor of Hekinan City in response to the request.

(4) I agree to return any benefit received in accordance with the Hekinan

City Regulations on the Provision of Benefits for School Lunch Substitute Food Expenses if I violate any provision of those regulations.

(5) I agree that, if payment cannot be completed after the Mayor of Hekinan City has approved the provision of the benefit due to an incomplete application or other reasons, and the applicant (parent/guardian) cannot be contacted or their information cannot be confirmed by the deadline specified by the City, the Mayor of Hekinan City may deem this application to have been withdrawn.

If the payment of the benefit is approved, the Hekinan City School Lunch Center will send a Notice of Benefit Payment Approval to the applicant. If you wish to have the notice sent to an address other than the applicant's current address shown on the front of this form, due to moving or for any other reason, please provide the preferred mailing address below.

Preferred Mailing Address	〒