Sample Application Form

One form is required for each child.

School Lunch Suspension Notification
学校給食停止届

Date: 2026 / 4 / 2

Application date

To: The Principal
Hekinan Municipal ●●● Eementary School

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) Hkinan Taro

Contact Number 0566-42-2504

I hereby request the suspension of the school lunch service as indicated below.
Please place a check mark ☑ in the appropriate box.
Student Information

Student Information		
Furigana	へきなん　みなと	Date of Birth
Name	Hekinan Minato	2014/▲/▲
Current Address (Registered Residence)	☑Same as applicant	
School name /Grade/class	Hekinan Municipal ●●● Elementary School Grade ● Class ●	
Reason for Suspension	☑ Food allergy ☐ Religious reasons ☐ Other (please specify the reason) Reason（ ）	Please place a check mark ☑ in the appropriate box.

Requested Suspension Date	Suspend school lunch service from: 2026/4/13 Please submit this fo[illegible]m at least seven (7) days prior to the requested suspensio[illegible] (excluding school holidays).

This form must be submitted once e[illegible]
school lunch service will be suspen[illegible]
first day to the last day of the mon[illegible]
school during the month and scho[illegible]
entire period of enrollment at this sc[illegible]

Note: Please enter April 13, 2026 (the first day of school lunches for the first term), even if the suspension began before April 1, 2026.