School Lunch Suspension Notification

学校給食停止届

Date: _____ / _____ / _____

To: The Principal

Hekinan Municipal _____ Eementary School

Address_____

Applicant (Parent/Guardian)_____

Contact Number_____

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		Date of Birth
Name		
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（ ）	
Requested Suspension Date	Suspend school lunch service from: _____ Please submit this form at least seven (7) days prior to the requested suspension date (excluding school holidays).	

This form must be submitted once each school year if:

school lunch service will be suspended for an entire calendar month (from the first day to the last day of the month), or the student will transfer to another school during the month and school lunch service will be suspended for the entire period of enrollment at this school during that month.

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