令和 6 年度 第 次申請			lication Form for Students			受
5 5	of			T 7 (
Education				Y/	M/	D
		Furigana				
		Name of Guardian				
		Address				
		TEL	*Please fill in the phone number w	e can reach you	at during the day	у.
[Be sure to read the following terms of agreement delegation carefully before applying.]	and	Previous Address (As of Jan.1)	*Please fill in if you lived outside	Okayama City on	Jan.1.	
In this application, the registered household and all men allowed the Board of Education to ask the relevant depu ①Inspection of Resident Registration System ②Inspection of Resident Tax Taxation Status ③Inspection of Child Rearing Allowance Status Once this application is accepted, we entrust shcool pr You must agree that the authorized information is used Schools.	artments for the incipals to admin for School Lunch	s application fo investigation. istrate the follo n Fees Collecti	owing three items. ion Affairs if your children a	re in Okayam	a City Munic	
①Charging and receiving the financial support (Except ②Deducting from the financial support in case of unpai ③Refunding the financial support in case of overpayment	id school fees.	e guardians nee	d to receive the financial su	ipport directly	y).	
1. Family Information				Г	р	ersons
sh	elation- hip with Date	e of Birth	Name of Schoo	ol	Grade	9

F	°urigana (How to pronounce it in Japanese) Students' Name	Relation- ship with Applicant	Date of Birth	Name of School	Grade
1		_			
2		_			
3		-	· ·		
	Name	Relation- ship with Applicant	Date of Birth	Current Workplace / Oce	cupation
sta	1		• •		
Other Members	2				
Other 1	3				
	4				
	5				

[Notes for Entry]

① Please list ALL of your household members who are shared the cost of living with Applicant in the "Family Information" column.

2 Please specify the type of your job including temporary and part-time jobs in the "Current Workplace / Occupation" column.

2. Bank Account to Transfer

Bank Name	Branch Name	Type of Account	Branch No.	Account No. (Please fill in the right-justified field.)	Account Holder's Name in Katakana *The same name as the Applicant
		Savings ()			

Please fill in () in the column of Type of Account if you have another type of Account.

[Notes for Application]

★ If you are a single parent receiving Child Rearing Allowance, please attach a copy of the certificate.

- ★ If you have Disability Certificate, Intellectual Disability Certificate or Mental Disability Certificate, please attach a copy of them.
- ★ If your address was outside Okayama City on January 1, 2024, please submit the Income Certificate for 2023 (Reiwa 5) issued by the municipality where you previously lived.

	S	ample									
	合 和	1 <u>6</u> 年度 次申請	Fina		sistance App icipal School	lication Form for Students	r		受		
Т	0	Okayama Ci		of					_		
		Educati	ion		Furigana	タロウ オカヤマ	Y/	M/ D		Date of Entry	
					Name of Guardian	Taro OKAYAMA				Your current addre	
					Address	1-1-1 Daiku, Kita-ku, (Please fill in the phone	
				TEL	090-000-××××				number we can reach you during the day.		
ega his wed nspe nspe nspe ce t mu cools Char Dedu	tion applie the ection ection his ap ust ag s. rging ucting	Board of Education to n of Resident Registrat n of Resident Tax Taxx n of Child Rearing Allo pplication is accepted, gree that the authorize	lying.) household and all ask the relevant tion System ation Status wance Status we entrust shood ed information is un ncial support (Exupport in case of u	l members fille departments f ol principals to used for Schoo cept for the ca unpaid school f	for the investigation. o administrate the fol ol Lunch Fees Collec ases the guardians ne	form have already agreed to	are in Okayama	hree items and a City Municipal		If the address you lived in o January 1 is the different from the current one, be su to fill in the previouss one i this column, (If it was outsic Okayama City, you need to submit the income Statemen	
		y Information na (How to pronounce								The number of your	
		Students' Name イチコ オカヤマ		Applicant	Date of Birth			Grade	_	household members	
I	ch	iko OKAYA	MA	Child 20	008 . 10 . 3	00	middle school	3		Please fill in the	
J		ジロウ オカヤマ O OKAYAMA		Child 2	011 . 5. 5	00	elementary school	6		information of ALL ELIGIBLE students. Be sure to fill in Furigana (how to	
		Name		Relation- ship with	Date of Birth	Current Wor	·kplace / Occur	pation		pronounce them in Japanese).	
	1	Taro OK		Applicant Householder		***** Co., Ltd.					
nbers	2	1		1977. 6. 23	** Supermarket			_	Please fill in all of		
5		Hanako A	KAYAMA	Wife		** Supermarke	t			your household	
er Me				Wife	1980. 9.15	** Supermarker			-	members other than	
Other Me	3	Saburo O	KAYAMA	Child	1980. 9.15 1989. 11. 5	*** Nursery So			_	1.	
Other Membe	3	Saburo O	KAYAMA							members other than eligible students. (Thier parents, grandparents, and	
_	3 4 5	Saburo O Momoko	KAYAMA	Child	1989. 11. 5	*** Nursery So				members other than eligible students. (Thier parents,	
Note	3 4 5 Ple Ple	Saburo O Momoko r Entry] ase list ALL of your h	OKAYANA SHOWA ousehold member f your job includi	Child Mother	1989. 11. 5 2006. 12. 19 	*** Nursery So	chool			members other than eligible students. (Thier parents, grandparents, and children older or younger than the	
Jote 1 2	3 4 5 Ple Ple ank	Saburo O Momoko r Entry] ase list ALL of your h ase specify the type of Account to Transf	OKAYANA SHOWA ousehold member f your job includi	Child Mother	1989. 11. 5 2006. 12. 19 	*** Nursery So Unemployed	chool aily Information" Occupation" c	olumn. Holder's Name in Katakana	}	members other than eligible students. (Thier parents, grandparents, and children older or younger than the eigible students) Please fill in the	
Note	3 4 5 9 10 9 10 9 10 9 10 9 10 9 10 9 10 9	Saburo O Momoko r Entry] ase list ALL of your h ase specify the type of Account to Transf	OKAYAMA SHOWA ousehold member f your job includi čer	Child Mother	1989. 11. 5 2006. 12. 19 	*** Nursery So Unemployed with Applicant in the "Fam the "Current Workplace / Account No.	aily Information Occupation c Account	olumn. Holder's Name in		members other than eligible students. (Thier parents, grandparents, and children older or younger than the eigible students)	

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