

Matsudo School Lunch Cost Support Application Form (Reduced lunch fee, lunchbox subsidy)

(To) Mayor of Matsudo

Date (YYYY/MM/DD) :     /     /

<b>Applicant (parent/guardian)</b>	<b>Address</b>	
	<b>Katakana</b>	
	<b>Full Name</b>	(Stamp seal here ㊟)
	<b>Phone Number</b>	(       )

Terms of Agreement

- (1) Matsudo City shall confirm the applicant's residency information in the basic residence register, as well as the applicant's status of receiving public assistance or school expense subsidy.
- (2) Matsudo City shall confirm the applicant's taxation status as it relates to resident tax, etc.
- (3) The applicant's status of receiving support related to school lunch cost from a subsidy system in Matsudo or a related city (in the case of the applicant moving from another city) will be investigated/confirmed.
- (4) The children listed on this application are dependents who are being supported by the applicant.
- (5) If the applicant is in arrears for school lunch payments at the time of calculating the subsidy amount for support of bento/lunchbox meals, etc., this subsidy will be used to pay the entire amount received until the arrears are paid in full. Furthermore, the applicant has obtained consent for this condition from their household members and the dependents that the applicant is supporting.

I agree to the above conditions, and I hereby apply for reduced lunch fee/lunchbox subsidy in accordance with provisions of Article 5 & Article 15 of the Matsudo City School Lunch Fee Support Program Implementation Guidelines. I request that the subsidy amount, which is administered and calculated by the school based on how many days the student brings a lunchbox meal to school, be transferred to the following bank account provided. If no application type is selected, this application will count towards reduced lunch fee.

**Dependent Children (List all children from oldest to youngest, not including pre-school children)**

✕Reduced Lunch Fee: Select if there are no days of which the child brings a lunch from home

✕Lunchbox Subsidy: Select if there will be days the child does not eat school lunch when it is served and instead eats a lunch from home (days they eat school lunch will be with reduced lunch fee)

	Katakana Full Name	Date of Birth (YYYY/MM/DD)	School Attending (Only list if Matsudo municipal school)	Grade	Application type✕ Check the option that applies
1		/ /			/
2		/ /			<input type="checkbox"/> Reduced lunch fee <input type="checkbox"/> Lunchbox subsidy
3		/ /			<input type="checkbox"/> Reduced lunch fee <input type="checkbox"/> Lunchbox subsidy
4		/ /			<input type="checkbox"/> Reduced lunch fee <input type="checkbox"/> Lunchbox subsidy
5		/ /			<input type="checkbox"/> Reduced lunch fee <input type="checkbox"/> Lunchbox subsidy
6		/ /			<input type="checkbox"/> Reduced lunch fee <input type="checkbox"/> Lunchbox subsidy
7		/ /			<input type="checkbox"/> Reduced lunch fee <input type="checkbox"/> Lunchbox subsidy
8		/ /			<input type="checkbox"/> Reduced lunch fee <input type="checkbox"/> Lunchbox subsidy

◎Among the dependent children, the second oldest child and younger who are enrolled in a Matsudo City municipal school are eligible for this support.

The 2<sup>nd</sup> child receives a 50% reduction in school lunch cost or lunchbox subsidy worth 50% of the cost of school lunch, 3<sup>rd</sup> child and younger receive a full reduction in school lunch cost or lunchbox subsidy worth the full cost of school lunch.

<See Backside>

◎If applying for lunchbox subsidy, write your bank account information on the backside of this form◎

◎Please affix the health insurance card of the dependent children to the backside of this form◎

< Space provided to affix the attached documents (copy of health insurance card) >

※ Please affix the health insurance card copies of the of children listed as dependents on this side of the form.  
(Providing of health insurance card copy is not necessary for children enrolled in a Matsudo City municipal school.)

※ When affixing multiple copies, please attach them so that they do not overlap.

< Only fill in the info below if you are applying for lunchbox subsidy >

Please fill in the bank account information of the applicant (parent / guardian) to which the subsidy will be transferred.

※If this information is not provided, the subsidy will not be granted※

Bank Information		Bank Code	Bank / Shinyo-kinko / Shinyo-kumiai / Nokyo	Branch Code	Honten / Shiten / Shucchojo
Account Type	Saving	Account Number			
Katakana Name Name of Account Holder		The account holder must be the same as the applicant			

**※Please attach here a copy of the cash card or bankbook that confirms all of the account information provided above.**

Matsudo School Lunch Cost Support Application Form (Request for)

① Please write the date the form was filled out

(To) Mayor of Matsudo

① Date (YYYY/MM/DD) :     /     /

<b>Applicant (parent/guardian)</b>	<b>Address</b>	356 Nemoto, Matsudo City
	<b>Katakana</b>	マツド タロウ
	② <b>Full Name</b>	Matsudo Tarou (Stamp seal here ㊟)
	<b>Phone Number</b>	047 (366) 7463

- (1) Matsudo City shall confirm the applicant's residence receiving public assistance or school expense subsidy.
- (2) Matsudo City shall confirm the applicant's tax status.
- (3) The applicant's status of receiving support related to the applicant moving from another city will be investigated.
- (4) The children listed on this application are dependent children.
- (5) If the applicant is in arrears for school lunch payments, etc., this subsidy will be used to pay the amount. The applicant's consent for this condition from their household is required.

② The applicant (guardian) must be the one to fill out the form.  
For step ⑤ (those applying for lunchbox support), the account holder must be the same person as the applicant.

I agree to the above conditions, and I hereby apply for reduced lunch fee/lunchbox subsidy in accordance with provisions of Article 5 & Article 15 of the Matsudo City School Lunch Fee Support Program Implementation Guidelines. I request that the subsidy amount, which is administered and calculated by the school based on how many days the student brings a lunchbox meal to school, be transferred to the following bank account provided. If no application type is selected, this application will count towards reduced lunch fee.

**Dependent Children (List all children from oldest to youngest, not including pre-school children)**

※Reduced Lunch Fee: Select if there are no days of which the child brings a lunch from home

※Lunchbox Subsidy: Select if there will be days the child does not eat school lunch when it is served and instead eats a lunch from home (days they eat school lunch will be with reduced lunch fee)

	Katakana Full Name	Date of Birth (YYYY/MM/DD)	School Attending (Only list if Matsudo municipal school)	Grade	Application type※ Check the option that applies
1		/ /			
2		/ /			<input type="checkbox"/> Reduced lunch fee <input type="checkbox"/> Lunchbox subsidy
3		/ /			<input type="checkbox"/> Reduced lunch fee <input type="checkbox"/> Lunchbox subsidy
4	③	/ /	④		<input type="checkbox"/> Reduced lunch fee <input type="checkbox"/> Lunchbox subsidy ⑤
5		/ /			<input type="checkbox"/> Reduced lunch fee
6		/ /			<input type="checkbox"/> Reduced lunch fee

③ Please list your dependent children. Write in order from oldest to youngest child. ※Children in pre-school do not need to be listed.

④ Please list the school the child is attending at the time of filling out the application.  
⑤ In the application type field, make sure to write a checkmark for the type of support that applies to your child.

are eligible for this support.

The 2<sup>nd</sup> child receives a 50% reduction in school lunch cost or lunchbox subsidy worth 50% of the cost of school lunch, 3<sup>rd</sup> child and younger receive a full reduction in school lunch cost or lunchbox subsidy worth the full cost of school lunch.

<See Backside>

◎If applying for lunchbox subsidy, write your bank account information on the backside of this form◎

◎Please affix the health insurance card of the dependent children to the backside of this form◎

< Space provided to affix the attached documents (copy of health insurance card) >

⑥

⑥ Please attach the health insurance card of your dependent children.

Children enrolled in Matsudo City municipal elementary and middle schools do not need to have their health insurance card provided.

※ Please affix the health insurance card copies of the of children listed as dependents on this side of the form.  
(Providing of health insurance card copy is not necessary for children enrolled in a Matsudo City municipal school.)

※ When affixing multiple copies, please attach them so that they do not overlap.

< Only fill in the info below if you are applying for lunchbox subsidy >

Please fill in the bank account information of the applicant (parent / guardian) to which the subsidy will be transferred.

※If this information is not provided, the subsidy will not be granted※

Bank Information	Bank Code	Bank / Shinyo-kinko / Shinyo-kumiai / Nokyo	Branch Code	Honten / Shiten / Shucchojo
Account Type	Saving	Account Number	⑦	
Katakana Name Name of Account Holder	The account holder must be the same as the applicant			

⑦ If applying for the lunchbox subsidy, please provide your bank account information for the provision on the subsidy.

Please affix a copy of the cash card or bankbook that can confirm the account information provided.

※ Please attach here a copy of the cash card or bankbook that confirms all of the account information provided above.