第１号様式 (Form 1)

Private School Student Lunch Fee Support Application Form

<For April - July, 2025>

（To）Mayor of Matsudo

Date： Y Y Y Y / M M / D D

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| --- | --- | --- |
| **Applicant (parent/guardian)** | **Address** |  |
| **Katakana** |  |
| **Full Name** |  |
| (Stamp seal here ㊞ ) |
| **Phone Number** | （　　　　　） |

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） The applicant’s status of receiving support related to school lunch fee from a subsidy system in Matsudo or a related city (in the case of the applicant moving from another city) will be investigated/confirmed.

（３） The child who is the subject of the application does not receive any subsidies or exemptions from the national or local government (including free school lunch program, etc.)

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 lunch fee subsidy in accordance with provisions of Article 4 of the Matsudo City School Lunch Fee Support Program Implementation Guidelines. I request that the subsidy amount, which is multiplied by the monthly lunch support amount and the number of eligible months, be transferred to the following bank account provided.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **List children who are attending private elementary school or private junior high school** | | | | |
|  | **Katakana**  **Full Name** | **Date of Birth**  **(YYYY/MM/DD)** | **Name of School** | **Grade** |
| 1 |  | **/ /** |  |  |
|  |
| 2 |  | **/ /** |  |  |
|  |
| 3 |  | **/ /** |  |  |
|  |
| 4 |  | **/ /** |  |  |
|  |
| 5 |  | **/ /** |  |  |
|  |
| 6 |  | **/ /** |  |  |
|  |

**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※**

＜See Backside＞

◎ Please be sure to affix a copy of your bank book or the bank card on the backside of this form ◎

◎ Please affix the proof of school enrollment (student I.D., etc.) of the children to the backside of this form ◎

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| 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 | | | | |
|  | | | | |

**＜Space provided to affix the attached documents＞**

Copy of the proof of school enrollment. e.g. student I.D.

※ Please attach the copies of documents verifying school enrollment for the children listed as private school students on the front of this form.

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

**※Please attach here a copy of your cash card or bankbook that confirms all account information provided on the front of this form. (REQUIRED)**