様式第１号（第４条関係）

School lunch request form

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Mayor of Ichikawa City | | | | | 2024(year)年　　　(month)月　　　(day)日 | | | | | | | | | | |
| Applicant  (School lunch fee burdened person) | Address | 〒　　　　　(postal code)  , Ichikawa City | | | | | | | | | | | | | |
| Name in Japanese |  | | | | | | | | | | | | | |
| Parent Name |  | | | | | | | | | | | | | |
| ※Please handwrite in own language（Kanji or English alphabet） | | | | | | | | | | | | | |
| Relationship to child |  | | | | | | | | | | | | | |
| Telephone number | **－　　　　－** | | | | | | | | | | | | | |
| Child | School Name | 市川市立 school | | | | | | | | 年(grade) | | | 組(class) | | |
| Name in Japanese |  | | | | | | | | | | | | | |
| Child's Name |  | | | | | | | | | | | | | |
| Child's Birthday | (year)年　　　(month)月　　　(day)日 | | | | | | | | | | | | | |
| 通知書番号 | 9桁 |  | |  |  |  |  |  | |  |  | |  | |

In accordance with the regulations of “市川市学校給食の実施及び学校給食費の管理に関する条例施行規則第４条第１項”,  
I sign up for the following.

※Please circle the number

|  |  |  |
| --- | --- | --- |
| Apply for  school lunch | １ | Apply for school lunch  （Desired start date of school lunch　2024(year)年　　(month)月　　(day)日） |
| ２ | Don’t apply for school lunch |

※Please circle the number

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| １ When apply for school lunch | | | | ２ When don’t apply for school lunch | | |
| School  lunch menu | １ | All menus |  |  | １ | Food allergies |
| ２ | All menus but  excluding milk | **→To the back side** | ２ | Religious reasons, etc. |
| ３ | Milk only | **→To the back side** | ３ | International school, etc. |
| Resident Tax Confirmation Consent Form  I consent to Ichikawa City confirming the resident  information, household status, and support status of myself  (applicant) and members of the household to which I belong.  I have obtained the consent of the members of my household  regarding this matter.  In addition, I receive the refund that Ichikawa City should  pay me (applicant) due to overpayment, etc. If the account  holder is different from me (applicant), I (applicant) accept  that I (applicant) have delegated the right to receive the  overpayment from Ichikawa City to the account holder.  Applicant name（Please sign parent‛s name here）  ※Please handwrite in own language（Kanji or English alphabet） | | | | ４ | Others**→Please answer in detail on the back** |
| 【Note】  Reasons for not applying for school lunch  If it is difficult for your child to attend school due to special circumstances, such as physical or mental health  problems,  please request school lunches as "Apply for school lunch".  Depending on the child's situation, please submit  "様式第２号　学校給食停止・再開届（School Lunch Suspension/Resumption Notification）". | |

※If school lunches cannot be provided due to unavoidable reasons (breakdown of school lunch facilities, events, etc.), parents are   
requested to bring their own packed lunches. Please note that lunch boxes provided by parents are not eligible for free school lunch fees.

**【Current Student】**

□Current Student(在校生)

□Freshman(新小学１年生)

□Transfer Student(転入生)

□Others（　　　　　　）

※Fill in the current year, the name of the school, the grade, and the class

at the time of submission.

**年度：５年度　学校名：市川市立**school**学年･組：　　年　　組**

**Back side**※Please circle the number

|  |  |  |  |
| --- | --- | --- | --- |
| １ When apply for school lunch | | ２ When don’t apply for school lunch | |
| **Please select the reason for choosing**  **“２ All menus but excluding milk”** | | Reasons for not applying for school lunch  **Please select a detailed reason for "４ Others"** | |
| １ | Food allergy | １ | Food allergies |
| ２ | Lactose intolerance | ２ | Religious dietary restrictions |
| ３ | Milk do not suit my body | ３ | Dietary restrictions due to illness etc. |
| ４ | Dietary restrictions due to illness etc. | ４ | Enter a private school, etc. |
| ５ | Worried about drinking milk at  school lunch. | ５ | Transfer school outside the city |
| ６ | others（Fill out the reason specifically） | ６ | Being hospitalized or receiving home  treatment due to injury or illness, etc. |
|  | （　　　　　　　　　　　　　　　　　　　） | ７ | Currently not attending school |
| **Please select the reason for choosing**  **“３ Milk only”** | | ８ | Attending Friend Room Ichikawa. |
| １ | Food allergies | ９ | Attending a free school etc. |
| ２ | Religious dietary restrictions. | 10 | Going to an international school |
| ３ | Dietary restrictions due to illness etc. | 11 | Currently in a facility |
| ４ | School lunches other than milk do not  suit my body. | 12 | School lunches do not suit my body. |
| ５ | Worried about having school lunches  other than milk. | 13 | Worried about having school lunches. |
| ６ | others（Fill out the reason specifically） | 14 | others（Fill out the reason specifically） |
|  | （　　　　　　　　　　　　　　　　　　　） |  | （　　　　　　　　　　　　　　　　　　　） |