School lunch request form

(dav)⊟ Mayor of Ichikawa City 2024(year)年 (month) 目

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Applicant (School lunch fee burdened person)	Address	Ŧ		(pos	tal co	ode)			, Ich	nikawa	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	. 1	∓(grade)	組	(class)
	Name in Japanese										
	Child's Name										
	Child's Birthday			(year)	年	(mo	nth)月		(day)	Image: square of the square of	
	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) l	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			for sc	4	Others→Please answer in detail on the back			
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)			Reasons for not applying f	specia proble please Depen "様式質	t is difficult for your child to attend school due to al circumstances, such as physical or mental health			

*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]

at the time of submission.

□Current	Student(在校生)
□Freshman	(新小学1年生)
□Transfer	Student(転入生)
□Others ()

年度:5年度 学校名:市川市立

school

※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.		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.		Currently in a facility			
4	School lunches other than milk do not suit my body.		School lunches do not suit my body.			
5	Worried about having school lunches other than milk.		Worried about having school lunches.			
6	others (Fill out the reason specifically)	14	others (Fill out the reason specifically)			
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