

Application Form for School Expense Assistance (Shugaku Enjo)

(Account Transfer Payment Request Form)

To: Ichikawa City Board of Education

I apply for School Expense Assistance as follows.

I delegate the request of School Expense Assistance and return of overpayment to the Principal of Ichikawa City _____ School.

I agree that the City uses Basic Resident Register and Resident Tax Ledger to exam my household information to the extent necessary for qualification review.

(Y/M/D) 年 月 日 頁

Address

Phone Number ()

Katakana

Guardian Name

School Name		Grade	年	Katakana						
Family members (including guardian and the student)				Name of the student						
	Name	Relationship	Date of Birth	Y/M/D	Occupation or School Name					
1	Name of the parent/guardian applying			.	.					
2				.	.					
3				.	.					
4				.	.					
5				.	.					
6				.	.					
7				.	.					
8				.	.					
Housing situation (Circle the applicable number)			1 Owned House 2 Rented House (Monthly Rent ¥ ____) 3 Others (____)							
Reason for application (Select one and circle the number)										
1 Receiving Public Assistance (SEIKATSU HOGO) 2 Public Assistance has been suspended or discontinued 3 Exempted from municipal tax or non-taxable 4 Exempted from individual enterprise tax 5 Exempted from fixed property tax 6 Exempted from National Pension or National Health Insurance 7 Receiving Child Rearing Allowance				8 Receiving a loan of living welfare fund 9 Day laborer registering for Employment Security Office (Hello Work) 10 Not applicable 1-9, but Facing financial hardship to give my child(ren) compulsory education						
Reason										
Payee	Branch Cord		<input type="text"/> <input type="text"/> <input type="text"/>		Type	Account Number		Account Holder		
	Bank				Savings	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Katakana
	Credit Union	branch	Current	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>		