様式第１号（第４条関係）

Scan the QR code for an example⇒

（URL:<https://logoform.jp/form/cGft/800478>）

School Lunch Request Form

|  |  |
| --- | --- |
| Mayor of Ichikawa City | Date　2025(year)年　　　(month)月　　　(day)日 |
|  | （Submission Date　2025(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 date of birth | 　　　　　(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.

|  |  |  |  |
| --- | --- | --- | --- |
| Apply for school lunch※Please circle the number | １ | Apply for school lunch | **Desired start date**☐From the beginning of next April☐From the middle of the date below;↪（2025(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 |
| Schoollunch menu | １ | All menus※If you don’t 　drink milk, please select 2(All menus but excluding milk) |  | １ | Food allergies |
| ２ | All menus but excluding milk | **→To the back side** | ２ | Religious dietary restrictions |
| ３ | Milk only | **→To the back side** | ３ | International school, etc. |
| Resident Tax Confirmation Consent FormI consent to Ichikawa City confirming the resident information, household status, and dependent status of myself (applicant) as well as that of the members of my household through public records.I have obtained the consent of all members of my household regarding this matter.I request that the overpayment owed to me (the applicant) by Ichikawa City be refunded to the bank account specified in theseparately submitted bank transfer request form. I understand and agree that if the account holder is different from me, thiswill be considered as my delegation of my right to receive the overpayment to that person. Signature（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 lunchIf a child or student is unable to attend school due to special circumstances, such as physical or mental health problems, we ask that you apply for school lunch by selecting "1 Apply for school lunch” so that school lunches can be provided when the child or student is able to attend school.And then submit "様式第２号　学校給食停止・再開届（School Lunch Suspension/Resumption Notification Form）"according to the child or student’s situation.  |

※1 If we are unable to provide school lunches for *unavoidable circumstance* \*, we may ask students to bring their own packed lunches.

※2 If *unavoidable circumstances*\* arise on the day, we may be unable to provide school lunches and may be have to shorten our daily schedule and send your child home. Please note that neither ※1 nor ※2 will qualify for free school lunches.

(*Unavoidable circumstances* include; school events and circumstances, school closures, accidents or breakdowns at school lunch facilities etc..)

**【Current Student】**

□Current Student

□Freshman

□Transfer Student

□Others（　　　　　　）

※Fill in the current year, the name of the school, the grade, and the class at the time of submission.

**年度：6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"** |
| **What is “All menus but excluding milk”?** | **Menu provided excluding milk (including juice and other drinks)** |
| １ | Food allergy | １ | Food allergies |
| ２ | Lactose intolerance | ２ | Religious dietary restrictions |
| ３ | Milk does not agree with me | ３ | Dietary restrictions due to illness |
| ４ | Dietary restrictions due to illness | ４ | Enter a private school |
| ５ | Worried about drinking milk at school lunch | ５ | Transfer school outside Ichikawa city |
| ６ | Others（Fill out the reason specifically） | ６ | Being hospitalized or receiving home treatment due to injury or illness |
|  | （　　　　　　　　　　　　　　　　　　　） | ７ | Currently not attending school |
| **Please select the reason for choosing****“３ Milk only”** | ８ | Attending Support Room Friend Ichikawa |
| **What is “Milk only”?** | **Only milk (including juice and other drinks) will be provided** |
| １ | Food allergies | ９ | Attending an alternative school |
| ２ | Religious dietary restrictions | 10 | Going to an international school |
| ３ | Dietary restrictions due to illness | 11 | Currently in a facility |
| ４ | School lunches other than milk do not agree with me | 12 | School lunches do not agree with me |
| 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） |
|  | （　　　　　　　　　　　　　　　　　　　） |  | （　　　　　　　　　　　　　　　　　　　） |