Form No.1

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 〒

Address

Phone Number ( )

Katakana
Guardian Name

School Name	Grade 年	Katakana Name of the student	

Family members (including guardian and 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			. .	

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 National Pension or National Health Insurance
5 Receiving Child Rearing Allowance
6 Receiving a loan of living welfare fund
7 Not applicable 1-6, but Facing financial hardship to give my child(ren) compulsory education

Reason

Payee	Branch Cord	Type	Account Number	Account Holder
	Bank Credit Union branch	Savings・Current		Katakana