

sample

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※Please **handwrite**

School Lunch Request Form

Mayor of Ichikawa City

Date 2026(year)年 4(month)月 1(day)日

(Submission Date 2026(year)年 4(month)月 10(day)日

Applicant (School lunch fee burdened person)	Address	〒272-0001 (postal code) 1-1-1 Yawata, , Ichikawa City								
	Name in Japanese	ジョン スミス								
	Parent Name	John Smith ※Please <b>handwrite</b> in own language (Kanji or English alphabet)								
	Relationship to child	father								
	Telephone number	090-9999-1111								
Child	School Name	市川市立	Yawata Elementary	school	5年(grade)	1組(class)				
	Name in Japanese	マイク スミス								
	Child's Name	Mike Smith								
	Child's date of birth	2015(year)年 5(month)月 1(day)日								
	通知書番号	9桁	2	2	0	4	1	0	0	0

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 ※Please <b>circle</b> the number	<b>1</b>	Apply for school lunch	Desired start date <input checked="" type="checkbox"/> From the beginning of next April <input type="checkbox"/> From the middle of the date below; → (2026(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	<b>1</b>	All menus ※If you don't drink milk, please select 2(All menus but excluding milk)	Reasons for not applying for school lunch	
	2	All menus but excluding milk →To the back side		
	3	Milk only →To the back side		
Resident Tax Confirmation Consent Form I 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 the separately submitted bank transfer request form. I understand and agree that if the account holder is different from me, this will be considered as my delegation of my right to receive the overpayment to that person. Signature (Please sign parent's name here) <b>John Smith</b> ※Please <b>handwrite</b> in own language (Kanji or English alphabet)		1		Food allergies
		2		Religious dietary restrictions
		3	International school, etc.	
		4	Others→Please answer in detail on the back	
		【Note】 If 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 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】

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

年度：7年度 学校名：市川市立 Yawata Elementary school 学年・組：4年 2組

<input checked="" type="checkbox"/> Current Student
<input type="checkbox"/> Freshman
<input type="checkbox"/> Transfer Student
<input type="checkbox"/> Others ( )

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)  ( )