

令和 7 年度
第 次 申請

Financial Assistance Application Form for Municipal School Students

	受
--	---

To Okayama City Board of
Education

Y/	M/	D
----	----	---

Furigana	
Name of Guardian	
Address	
TEL	*Please fill in the phone number we can reach you at during the day.

【Be sure to read the following terms of agreement and delegation carefully before applying.】

Previous Address (As of Jan.1)	*Please fill in if you lived outside Okayama City on Jan.1, 2025.
-----------------------------------	---

In this application, the registered household and all members filled in this application form have already agreed to the following three items and allowed the Board of Education to ask the relevant departments for the investigation.

- ① Inspection of Resident Registration System
- ② Inspection of Resident Tax Taxation Status
- ③ Inspection of Child Rearing Allowance Status

Once this application is accepted, we entrust school principals to administrate the following three items.

You must agree that the authorized information is used for School Lunch Fees Collection Affairs if your children are in Okayama City Municipal Schools.

- ① Charging and receiving the financial support (Except for the cases the guardians need to receive the financial support directly).
- ② Deducting from the financial support in case of unpaid school fees.
- ③ Refunding the financial support in case of overpayment.

1. Family Information

1. Family Information					persons
Furigana (How to pronounce it in Japanese) Students' Name	Relation-ship with Applicant	Date of Birth	Name of School	Grade	
1		. .			
		. .			
2		. .			
		. .			
3		. .			
		. .			

Other Members	Name	Relation-ship with Applicant	Date of Birth	Current Workplace / Occupation
	1		. .	
	2		. .	
	3		. .	
	4		. .	
	5		. .	

【Notes for Entry】

- ① Please list ALL of your household members who are shared the cost of living with Applicant in the "Family Information" column.
- ② Please specify the type of your job including temporary and part-time jobs in the "Current Workplace / Occupation" column.

2. Bank Account to Transfer

Bank Name	Branch Name	Type of Account	Branch No.	Account No. (Please fill in the right-justified field.)	Account Holder's Name in Katakana *The same name as the Applicant
		Savings (.)			

Please fill in () in the column of Type of Account if you have another type of Account.

【Notes for Application】

- ★ If you are a single parent receiving Child Rearing Allowance, please attach a copy of the certificate.
- ★ If you have Disability Certificate, Intellectual Disability Certificate or Mental Disability Certificate, please attach a copy of them.
- ★ If your address was outside Okayama City on January 1, 2025, please submit the Income Certificate for 2024 (Reiwa6) issued by the municipality where you previously lived.

Sample

令和 7 年度
第 次 申請

Financial Assistance Application Form for Municipal School Students

	受
--	---

To Okayama City Board of Education

	Y/	M/	D	
Furigana	タロウ オカヤマ			
Name of Guardian	Taro OKAYAMA			
Address	1-1-1 Daiku, Kita-ku, Okayama City			
TEL	090-0000-XXXX			
Previous Address (As of Jan.1)	*Please fill in if you lived outside Okayama City on Jan.1, 2025. 1-1-1 〇〇, Kurashiki City			

Date of Entry

Your current

Please fill in the phone number we can reach you during the day.

If the address you lived in on January 1 is the different from the current one, be sure to fill in the previous one in this column. (If it was outside Okayama City, you need to submit the income Statement)

【Be sure to read the following terms of agreement and delegation carefully before applying.】

In this application, the registered household and all members filled in this application form have already agreed to the following three items and allowed the Board of Education to ask the relevant departments for the investigation.

- ① Inspection of Resident Registration System
- ② Inspection of Resident Tax Taxation Status
- ③ Inspection of Child Rearing Allowance Status

Once this application is accepted, we entrust school principals to administrate the following three items.

You must agree that the authorized information is used for School Lunch Fees Collection Affairs if your children are in Okayama City Municipal Schools.

- ① Charging and receiving the financial support (Except for the cases the guardians need to receive the financial support directly).
- ② Deducting from the financial support in case of unpaid school fees.
- ③ Refunding the financial support in case of overpayment.

1. Family Information

6 persons					
Furigana (How to pronounce it in Japanese)	Students' Name	Relation-ship with Applicant	Date of Birth	Name of School	Grade
1	イチコ オカヤマ Ichiko OKAYAMA	Child	2008 . 10 . 3	〇〇 middle school	3
2	ジロウ オカヤマ Jiro OKAYAMA	Child	2011 . 5 . 5	〇〇 elementary school	6
3					
Other Members	Name	Relation-ship with Applicant	Date of Birth	Current Workplace / Occupation	
	1	Taro OKAYAMA	Householder	1977. 6. 23	***** Co., Ltd.
	2	Hanako OKAYAMA	Wife	1980. 9. 15	** Supermarket
	3	Saburo OKAYAMA	Child	1989. 11. 5	*** Nursery School
	4	Momoko SHOWA	Mother	2006. 12. 19	Unemployed
5					

The number of your household members

Please fill in the information of ALL ELIGIBLE students. Be sure to fill in Furigana (how to pronounce them in Japanese).

Please fill in all of your household members other than eligible students. (Thier parents, grandparents, and children older or younger than the eible students)

【Notes for Entry】

- ① Please list ALL of your household members who are shared the cost of living with Applicant in the "Family Information" column.
- ② Please specify the type of your job including temporary and part-time jobs in the "Current Workplace / Occupation" column.

2. Bank Account to Transfer

Bank Name	Branch Name	Type of Account	Branch No.	Account No. (Please fill in the right-justified field.)	Account Holder's Name in Katakana *The same name as Applicant
Bank of OKAYAMA	Daiku	Savings	〇 〇 〇	〇 〇 〇 〇 〇 〇 〇 〇 〇 〇	Taro Okayama

Please fill in the same account holder's name as the applicant above.

Please fill in () in the column of Type of Account if you have another type of Account.

【Notes for Application】

- ★ If you are a single parent receiving Child Rearing Allowance, please attach a copy of the certificate.
- ★ If you have Disability Certificate, Intellectual Disability Certificate or Mental Disability Certificate, please attach a copy of them.
- ★ If your address was outside Okayama City on January 1, 2025, please submit the Income Certificate for 2024 (Reiwa 6) issued by the municipality where you previously lived.