

Application for Financial Assistance for School Expenses

To Echizen City Superintendent of Education

Applicant's (Parent's or guardian's) address

Applicant's (Parent's or guardian's) name

Phone number that can be reached during the day

I hereby apply for the assistance as follows:

I agree that Echizen City Superintendent of Education may investigate and confirm residence registry information, income or taxation status, public welfare receipt status and Child Rearing Allowance receipt status of all members of my household as needed by inspecting ledgers or inquiring to other administrative agencies as well as consulting with the school principal or social workers.

I agree that the principal offsets the money for the bills, if the bank transfer doesn't work or I have unpaid bills (cost of learning materials, cost of school supplies, field trip costs, cost of school supplies when starting school, school trip costs and school lunch fees).

1 Family members (Please include all members in your household.)						
※ Circle the number of student's name that you are applying for.	No.	Name	Relationship	Date of birth	School name	Grade
	1		Head of household	Year・Month・Date ・ ・		
	2			Year・Month・Date ・ ・		
	3			Year・Month・Date ・ ・		
	4			Year・Month・Date ・ ・		
	5			Year・Month・Date ・ ・		
	6			Year・Month・Date ・ ・		
	7			Year・Month・Date ・ ・		
	8			Year・Month・Date ・ ・		
	9			Year・Month・Date ・ ・		
	10			Year・Month・Date ・ ・		

※For siblings in both elementary school and junior high school, please submit one application to each school. Please attach the necessary documents to the elementary school application.

※If there are any changes in the designated account, please notify us immediately.