

2021 Financial Assistance Program (shugaku-enjo)
for elementary and junior high school students
[application sheet]

整理番号

認定年月日

月 1 日 認定・否認定

・Submit one sheet for one household ・Fill out in a bold line area Date of application: Year Month Day

Affidavit

To Tokorozawa Board of Education
I apply for financial assistance program.
I hereby agree to the following procedures in determining to grant or deny my application.
・We inspect income and tax information of applicant's family.
・Expenses for school lunch is entrusted to the school principals.
・We share related information with a new city's (when you move to), or a former city's (when you move from) Board of Education.

Please write your signature when you are in agreement with the conditions mentioned above.

Present Address: Tokorozawa-shi,

phone number: - -
* reachable during the day

Former address(as of January 1st 2021)

* check the box same as above if not, write your former address:

you are required to attach the public document that states your income and tax information record in 2020.

Name of applicant (parents/guardians)

Residential information

* check the box
your own house
House for rent
[amount of rent: ¥ / month]

Tax return for 2020 income

* check the box filed not filed
If you have not filed your tax return (income earned January 1st through December 31st in 2020), please file your tax return. Otherwise, we will not be able to conduct income screening for the program.

Name of child	Relation	Date of birth	School	Grade	Class	checked
1	son daughter	Y. M. D.	elementary junior high			
2	son daughter	Y. M. D.	elementary junior high			
3	son daughter	Y. M. D.	elementary junior high			
Child entering elementary school in 2022	Date of birth	School	Grade	checked		
	son daughter	Y. M. D.	elementary school	first (in 2022)		
Family members	Relation	Date of birth	Occupation (etc)	Earned income in 2020		
1 applicant	mother other father	Y. M. D.		yes no		
2	mother other father	Y. M. D.		yes no		
3	mother other father	Y. M. D.		yes no		
4	mother other father	Y. M. D.		yes no		

Bank account

* Please attach a copy of your cash card.

name of account holder	bank name	branch	account number
in katakana letters if possible			

* Taking account of exceptional circumstances, you may receive the financial assistance directly from the school principal.

Please check the box that corresponds to your family situation.

We have not registered our residency in Tokorozawa. We have members with disabilities in our household .
We live on government welfare program(Seikatsu-hogo)
Our child is attending the school outside designated school district.
We have changes in the number of household members, and others.
[e.g.; divorced, mother and child household...etc.]
* Please attach a copy of issued passbook when his/her disability grade is more than 3 for physical, more than B for intellectual, and more than 2 for mental.

教育総務課記入欄

受付年月日	学校名	受付印
年 月 日		

入力	確認	算定	確認	決定
/	/	/	/	/