

2025 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 the bold line area Date of application: Year Month Day

Affidavit

To Tokorozawa City 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 if 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 2025)

* 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 2024.

■Name of applicant (parents/guardians)

■Residential information

* check the box

☐ your own house

☐ House for rent

[amount of rent: ¥ /month]

■Tax return for 2024 income

* check the box ☐ filed ☐ not filed

If you have not filed your tax return (income earned January 1st through
December 31st in 2024), please file your tax return. Otherwise, we will
not able to conduct income screening for this program.

Name of child	Relation	Date of birth	School	Grade	Class	checked
1	<input type="checkbox"/> son <input type="checkbox"/> daughter	Y. M. D.	<input type="checkbox"/> elementary <input type="checkbox"/> junior high			
2	<input type="checkbox"/> son <input type="checkbox"/> daughter	Y. M. D.	<input type="checkbox"/> elementary <input type="checkbox"/> junior high			
3	<input type="checkbox"/> son <input type="checkbox"/> daughter	Y. M. D.	<input type="checkbox"/> elementary <input type="checkbox"/> junior high			
Child entering elementary school in 2026		Date of birth	School	Grade		checked
	<input type="checkbox"/> son <input type="checkbox"/> daughter	Y. M. D.	elementary school	first (in 2026)		
Family members	Relation	Date of birth	Occupation (etc)	Earned income in 2024		
1 applicant	<input type="checkbox"/> mother <input type="checkbox"/> other <input type="checkbox"/> father	Y. M. D.		<input type="checkbox"/> yes <input type="checkbox"/> no		
2	<input type="checkbox"/> mother <input type="checkbox"/> other <input type="checkbox"/> father	Y. M. D.		<input type="checkbox"/> yes <input type="checkbox"/> no		
3	<input type="checkbox"/> mother <input type="checkbox"/> other <input type="checkbox"/> father	Y. M. D.		<input type="checkbox"/> yes <input type="checkbox"/> no		
4	<input type="checkbox"/> mother <input type="checkbox"/> other <input type="checkbox"/> father	Y. M. D.		<input type="checkbox"/> yes <input type="checkbox"/> no		

■Bank account

* Please attach a copy of your cash card.

name of account holder	bank name	branch	account number
in <i>katakana</i> letters if possible			

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 Public Assistance System.
☐ 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 disability crificate
when his/her disability grade is more than 3 for
physical, more than B for intellectual, and more
than 2 for mental.

受付年月日	学校名	受付印
年 月 日		

教育総務課記入欄

受付	入力	確認	備考
	/	/	