

Please post a copy of your bank passbook here.
 ※Please show the page with the owner's name and account number on it.

新小・New First Grade Students

Front Page (2nd page on back)

Application/Consent/Authorization Form on the School Expense Allowance (school year **2024-2025**)

To Oyama City Board of Education Superintendent of Education Date: Year Month Day

In applying for the school expenses allowance, I understand and agree to the below terms and conditions.

- ア. The Oyama Board of Education can refer to my resident registry and payment record(s) of civil tax. They are also authorized to check other information such as claims to public assistance, child-raising allowance and loans from the life welfare fund on behalf of myself and those whom I reside with.
- イ. Case workers or representatives from the Oyama Board of Education are authorized to make home visits to discuss or investigate my own or my dependents' home and financial situation.
- ウ. If the application is found to be false or untrue in any way, the Oyama Board of Education can cancel the approval of this assistance.
- エ. I delegate all the authority associated with the demand, reception and payment of the allowance to the principal of the school. With this delegation, he/she is authorized to deal with the payment which is covered by the allowance of the default on it.
- オ. When this application is approved, the Oyama Board of Education can provide this information to the case workers.

※Place write in all open spaces.

| | | | | | | |
|-----------------------------------|--|------------|---------------------|--|---------------------|--|
| A (P a r e n t) | Current address | | | | | Residential Situation (Mark with a O) |
| | Furigana Name | | | | Contact (Phone No.) | 1. House Owner (Loan: No - Yes) (If Yes: Monthly Amount: Yen) 2. Rental (Rent: Monthly Amount Yen) |
| | | Seal | | | | |
| | Relationship To Child | Birth Date | Occupation Business | | | |
| | T·S·H Year Month Day | | | | | |
| Address as of Jan 1st. | ※If you were not living in Oyama on Jan 1st, 2023, please fill in your address here. | | | | | |

| | |
|--|---|
| <p>【Reason for application】(Please circle one or more)</p> <ol style="list-style-type: none"> Taking civic tax exemption or reduction. Taking self-employment/real-estate tax reduction. Deferred payment of National Health Insurance. Taking the National Pension installation reduction. Taking the child-raising allowance. Taking a loan from the life welfare fund. Cannot afford children's school fee due to financial hardship (please write below). <p>(Explain your condition in detail)</p> | <p>【Attach below documents】</p> <p>•Income certificate / Withholding certificate (If you were not living in Oyama on Jan. 1st, 2023, documents of all household members should be attached.)</p> <p>※If you were living in Oyama on Jan. 1st 2023, these documents are not required.)</p> |
|--|---|

【世帯欄1】◀Information about student(s) who attend public schools in Oyama and need the allowance▶

| C h i l d | School Name | Year Level | Name (Furigana) | Birth Date | | | |
|-----------------------|-------------|------------|-----------------|------------|------|-------|-----|
| | | Year 1 | () | H | Year | Month | Day |
| | | Year 1 | () | H | Year | Month | Day |

【世帯欄2】《Applicant (Parent) other family members/roommates other than those specified on Page 1》

※If you live with your grandparents, relatives or roommates, please write about them whether you are registered as a family or not. In order to calculate your total household income, the income of everyone living together in your residence is required. ※If the income of all the members in your household are not declared, your application may be invalid.

| | | | | |
|--------------------------------------|-------------------------|-----------------------------|----------------------------|---|
| Family member / roommate Information | Relationship to student | Name (Last/First, Furigana) | Date of birth (yyyy/mm/dd) | Occupation (workplace) or name of school(s) |
| | | () | M・T S・H 年 月 日 | |
| | | () | M・T S・H 年 月 日 | |
| | | () | M・T S・H 年 月 日 | |
| | | () | M・T S・H 年 月 日 | |
| | | () | M・T S・H 年 月 日 | |
| | | () | M・T S・H 年 月 日 | |
| | | () | M・T S・H 年 月 日 | |

※A local case worker may visit your house to talk with you. (Only some families)
Please tell us a time when we can contact you.
Weekdays about _____ O'Clock, Weekends about _____ O'Clock

《Bank account transfer》 (Only to provide school expenses. Other costs will be paid by the school)

※Please paste a copy of your Bank Passbook with the account details on page 1 at the top.

| | | | | |
|--------------------------|---------------------------------|-------------|-----------------|-------------------|
| Bank name | 銀行 農協 信金 労働金庫 | Branch name | 支店 支所 出張所 | 預金種類 (Savings) |
| | | | | 普通 (Futsuu) |
| 口座番号 (account number) | 口座名義 (account holder's name) | (Furigana) | | |
| | | | | |

~~~~Applicant is required to fill out until here. Below is for the Board of Education to fill out.~~~~

**【教育委員会記入欄】**

- ◆ 民生委員の調査 ( 有 ・ 無 )
- ◆ 認定の可否 ( 可 ・ 否 )