

(Reference)

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 : 2024/2/10

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 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.

Applicant	Current address	<input type="checkbox"/> <input type="checkbox"/> Apartment ×××, △△-△△△, ○○-cho, Oyama-shi			Residential Situation (Mark with a ○)
	Furigana Name	Sakurako Omoigawa 印		Contact (Phone No.)	1. House Owner (Loan: No · Yes) (If Yes: Monthly Amount: Yen)
	Relationship To Child	Mother	Birth Date	Occupation Business	2. Rental (Rent: Monthly Amount: Yen)
	Address as of Jan 1st.	※If you were not living in Oyama on Jan 1st, 2023, please fill in your address here.			
		1985/3/9	Part-time (○○ Corporation)		45,000

<p>【Reason for application】(Please circle one or more)</p> <ul style="list-style-type: none"> ① Taking civic tax exemption or reduction. 2. Taking self-employment/real-estate tax reduction. 3. Deferred payment of National Health Insurance. ④ Taking the National Pension installation reduction. ⑤ Taking the child-raising allowance. 6. Taking a loan from the life welfare fund. ⑦ Cannot afford children's school fee due to financial hardship (please write below). 	<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>
<p>(Explain your condition in detail.) My children's father and I are no longer in contact, he does not offer any financial support, and even daily expenses are a burden for us.</p>	

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

Child	School Name	Year Level	Name (Furigana)	Birth Date
	○○Elementary School	1	Momoko Omoigawa	2016/8/16

【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)
	Grandfather	Toshio Omoigawa	1963/7/10	Unemployed
	Grandmother	Kinuko Omoigawa	1965/2/8	Part-time (△△ Inc.)
	Older sister	Ramu Omoigawa	2007/5/26	○○High-school ○th grade
	Older brother	Masamitsu Omoigawa	2014/8/16	○○Elementary School ○th grade
	Uncle	Wataru Omoigawa	1988/6/15	Full-time (△△Mart)

※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 **18時** Weekends about **10～17時**

《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		Branch name		金種					
Ashikaga		Oyama Higashi		普通					
銀行 農協 信金 労働金庫		支店 支所 出張所							
口座番号	1	2	3	4	5	6	7	口座名義	(フリガナ) オモイガワ サクラコ
									Omoigawa Sakurako

~~~~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)

【問い合わせ先】小山市教育委員会 教育総務課 学校支援係 TEL:0285(22)9642