| <i>(</i>   | Naw Ammliaatian  | . Damas       |               |               |            |                           |                                 |            | Dogo 1  |  |
|--|--|---------------|---------------|---------------|------------|---------------------------|---------------------------------|------------|---|--|
|  | New Application  | - Rene        | wai )         |               |            |                           |                                 |            | Page 1  |  |
| Application / Consent / Authorization Form on the School Expense Allowance (school year 2025-2026) |  |               |               |               |            |                           |                                 |            |   |  |
| To th  | ne Superintendent  | of the Oya    | ma Board o    | f Education   |            | -                         | Application D                   | ate:       |   |  |
| In app   | olying for the schoo   | l expeses all | owance, I un  | derstand and  | d agree to | the terms belo            | ow.                             |            |   |  |
| a)   | I agree that in examining this application, the Oyama City Board of Education may, asnecessary, investigate and cofirm the basic resident register and municipal tax register of the same household, as well as inquire about the receipt status of public assistance, child support allowance, welfare loan, etc. |               |               |               |            |                           |                                 |            |   |  |
| b)   | Case workers or the Oyama Board of Education are authorized to make home visits to discuss or investigate my or my dependants home and financial situation.  |               |               |               |            |                           |                                 |            |   |  |
| c)   | 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.   |               |               |               |            |                           |                                 |            |   |  |
| d)   | In the case that the application is cancelled or denied during the school year, I will refund the amount as required immediately.  |               |               |               |            |                           |                                 |            |   |  |
| e)   | I delegate all of 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 if I default on it.   |               |               |               |            |                           |                                 |            |   |  |
| f)   | When this applicat   | ion is approv | ed, the Oyan  | na Board of I | Education  | n can provide th          | nat information                 | to the cas | se workers.   |  |
| <b>※</b> Ple   | ease fill in the infor   | mation belov  | v.            |               |            |                           |                                 |            |   |  |
|  | Current Address  |               |               |               |            |                           |                                 |            | Housing Situation<br>(Circle the appropriate<br>option) |  |
| ation  |  | Phone Number  |               |               |            |                           |                                 |            | 1 Ours base   |  |
| Applicant Information  | Name   | 印             |               |               |            |                           | (Mortgage: Y / I                |            | 1. Own house<br>(Mortgage: Y / N )<br>(If Y: yen / m)   |  |
|  | Relationship to student  |               | DOB           | yyyy/mm       | ı/dd       | Occupation/<br>work place |                                 |            | 2. Rental house<br>(Rent: yen / m)                      |  |
|  | Address on Jan.  1st  **If you were not an Oyama resident on Jan. 1st, 2025, please fill in.   |               |               |               |            |                           |                                 |            |   |  |
| [Reas  | son for application  | (Please circ  | le one or mo  | re.)          |            | _                         |                                 |            | _   |  |
|  | aking civic tax exem   |               |               |               |            | _                         | ach the docum                   |            | _   |  |
|  | aking self-employme  |               |               |               |            |                           |                                 |            | ere not Oyama resident on<br>all household members      |  |
|  | efered payment of N  |               |               | •             |            |                           | ıld be attached                 | _          |   |  |
|  | aking National Pensi<br>aking the child-raisi  |               |               |               |            |                           | you were Oyan<br>ıments are not |            | t on Jan. 1st, <mark>2025</mark> , the                  |  |
|  | aking a loan from th   |               |               |               |            |                           |                                 |            |   |  |
|  | annot afford childre   |               |               | ncial hardshi | ip (Please | e write below).           |                                 |            |   |  |
|  | (Explain your cond   |               |               |               |            | ·                         |                                 |            |   |  |
| ≪Info  | I<br>ormation about Stud   | dent(s) who a | attend public | schools in C  | )vama an   | d need the allo           | wance.>>                        |            |   |  |
|  | Name of the school   |               |               | grade         | T          |                           |                                 | Date o     | of birth (yyyy/mm/dd)                                   |  |
|  |  |               |               |               |            |                           |                                 |            |   |  |
| uc   |  |               |               |               |            |                           |                                 |            |   |  |
| natic  |  |               |               |               |            |                           |                                 |            |   |  |
| nforr  |  |               |               |               |            |                           |                                 |            |   |  |
| int Ir   |  |               |               |               |            |                           |                                 |            |   |  |
| Student Information  |  |               |               |               |            |                           |                                 |            |   |  |

| Page 2                        |
|-------------------------------|
|                               |
|                               |
| stered as a family or not. In |

 $\ll$ About other family members / roommates $\gg$ 

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 household income, the income of everyone living in your residense together is required.

If the income of all the members in your household is not declared, your application may be invalid.

|  | Relationship to stud                               | dent Name                                     | Date of birth (yyyy/mm/dd)                  | Occupation (work place) or name of school(s) |  |  |  |  |  |
|--|--|---|---|--|--|--|--|--|--|
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| ormai  |  |   |   |  |  |  |  |  |  |
| e Infe   |  |   |   |  |  |  |  |  |  |
| Family member / roommate Information   |  |   |   |  |  |  |  |  |  |
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| er /   |  |   |   |  |  |  |  |  |  |
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| <b>※</b> A ∣∂  | ocal case worke                                    | r may visit your house to talk with you (This | may not occur for all of the applicants     | Please let us know when we                   |  |  |  |  |  |
| ※A local case worker may visit your house to talk with you (This may not occur for all of the applicants). Please let us know when we can reach you.   |  |   |   |  |  |  |  |  |  |
| → Weekdays: Around a.m. / p.m., Weekends: Around a.m. / p.m.  ~~~~~~~This is the end of the form for guardians. School staff will fill in the forms below.~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~ |  |   |   |  |  |  |  |  |  |
|  | 記入欄】   | This is the end of the form for guardia       | ns. School stair will fill in the forms bei | ow.  |  |  |  |  |  |
|  |  | 況等に関する情報(□のいずれかにチェックを                         | お願いします。 ※複数可)                               |  |  |  |  |  |  |
|  | □ 保  | 護者の職業が不安定で、経済的に困窮してい                          | ると認められる。                                    |  |  |  |  |  |  |
|  | 口 経済的困窮により、学校納付金を減免している。                           |   |   |  |  |  |  |  |  |
|  | □ 経済的困窮により、学校納付金が滞りがちである。                          |   |   |  |  |  |  |  |  |
| 口 衣服や学用品、通学用品等に不自由している様子が見られる。   |  |   |   |  |  |  |  |  |  |
|  | 口 経済的理由による欠席日数が多い。                                 |   |   |  |  |  |  |  |  |
|  | □ 上記項目には該当しない。<br>□ スの(*/ Eld ** ) につまして(** ** ) 。 |   |   |  |  |  |  |  |  |
|  | 口 その他(具体的に記載してください)                                |   |   |  |  |  |  |  |  |
|  |  |   |   |  |  |  |  |  |  |
| ※学校長意見が直接認定結果に反映されるわけではありません。参考とさせていただくものです。   |  |   |   |  |  |  |  |  |  |
| □ 就学援助が必要と考える  |  |   |   |  |  |  |  |  |  |
|  | □ 就学援助は不要と考える                                      |   |   |  |  |  |  |  |  |
|  | 口 その他(具体的に記載してください)                                |   |   |  |  |  |  |  |  |
|  |  |   |   |  |  |  |  |  |  |

◆民生委員の調査 (有・無)

[Inquiry] Gakko-shien-ka, Oyama-shi Kyoiku-iinkai 0285(22)9642 or schools