

School Name : \_\_\_\_\_

## Application for School Expense Allowance for FY2026 (Reiwa 8) (Including Consent Form and Power of Attorney)

To: The Superintendent of Education, Oyama City Board of Education

Date of Completion: \_\_\_\_\_

I hereby apply for school expense allowance and agree to the following:

- A) I agree that, for the purpose of reviewing this application, the Oyama City Board of Education may, if necessary, verify and review my household records in the Basic Resident Register and municipal tax records, and make inquiries regarding the receipt status of public assistance, single-parent childcare allowance, and welfare loans.
- B) I agree that a commissioned welfare volunteer and child welfare volunteer or the Oyama City Board of Education may visit home, if necessary, to check my living situation.
- C) I agree that the Oyama City Board of Education may revoke approval if any false statement is found in this application.
- D) I agree to promptly repay any school expense allowance received if I am requested to do so due to revocation of approval during the fiscal year for reasons such as those in C., or withdrawal of approval.
- E) If approved, I appoint the school principal as my agent and grant full authority for all procedures related to claiming, receiving, and handling the allowance. I also agree that any unpaid eligible school expenses may be covered using the allowance provided.
- F) If approved, I agree that information regarding my approval may be shared with the commissioned welfare volunteer and child welfare volunteer.

**※Please complete all fields in the bold-boarded sections.**

Applicant (Parent/Guardian)	Current Address				Housing Status (circle one)	
	katakana				1. Own house (Loan: None / Yes) (if yes, Monthly amount: ¥ )	
	Name					
	Relationship to Student		Date of Birth	yyyy/mm/dd	Occupation /Employer	2. Rental housing (Monthly Rent:¥ )
Address as of 1 January		※Please fill in if you were living outside Oyama City as of 1 January 2026.				

<p><b>【Reason for Application】</b> (Circle applicable numbers ※multiple answers allowed)</p> <ol style="list-style-type: none"> <li>1. Citizen tax is exempted or reduced</li> <li>2. Individual business tax or fixed property tax is reduced</li> <li>3. National Health Insurance taxes are deferred</li> <li>4. National pension contributions are reduced</li> <li>5. Receiving single parent childcare allowance</li> <li>6. Receiving a welfare loan</li> <li>7. The student has difficulty attending school due to financial reasons as described below</li> </ol> <p style="border: 1px solid black; padding: 2px;">(Please provide details.)</p>	<p><b>【Required Document】</b></p> <ul style="list-style-type: none"> <li>• Shotoku Shomeisho (Income certificate) for FY2026(R8)</li> </ul> <p><u>(Required for all household members if the address as of 1 Jan 2026 was outside Oyama City.)</u></p> <p>※Income certificates are not required if you were living in Oyama City as of 1 January 2026.</p>
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**【Household Section 1】**

«Students attending elementary, junior high, or compulsory education schools in Oyama City and applying for allowance»

Student(s) Information	School Name	Grade	Name (katakana)	Date of Birth (yyyy/mm/dd)
			( )	
			( )	
			( )	
			( )	

【Household Section 2】 ≪Household members other than those listed in the *Applicant (Parent/Guardian)* section and *Household Section 1*, who live together or share the same livelihood≫

※Even if registered as a separate household, grandparents, uncles/aunts, or others living together, as well as family members living separately for work or other reasons but sharing the same livelihood, are regarded as part of the same household. Please include all such persons. The income of all household member will be used to calculate the total household income required for the review.  
 ※The income of all household members for the previous year will be checked. Please ensure that income has been declared, even if there is no income. If income has not been declared, approval may not be granted.

Other family members / cohabitants	Relationship to Student	Name (katakana)	Date of Birth (yyyy/mm/dd)	Occupation (Employer) or School Name / Grade
	Current Address (fill in only if living separately)			
		( )	yyyy mm dd	
		Prefecture City / Ward / Town / Village		
		( )	yyyy mm dd	
		Prefecture City / Ward / Town / Village		
		( )	yyyy mm dd	
		Prefecture City / Ward / Town / Village		
		( )	yyyy mm dd	
		Prefecture City / Ward / Town / Village		
		( )	yyyy mm dd	
		Prefecture City / Ward / Town / Village		
		( )	yyyy mm dd	
		Prefecture City / Ward / Town / Village		

※A home visit by a commissioned welfare volunteer and child welfare volunteer may be conducted.  
 (Not all households will be subjected to this.)

Please indicate a convenient time to contact you→Weekdays: Around \_\_\_\_\_ a.m. / p.m., Weekends: Around \_\_\_\_\_ a.m. / p.m.

~~~~~End of section to be completed by parent/guardian section. The section below is for school use only. Please do not fill in. ~~~~~

【学校記入欄】

◆学校生活状況等に関する情報(□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。
- 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。
- 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。
- 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。
- その他(具体的に記載してください)

◆学校長の意見(□のいずれかにチェックをお願いします。)

※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きます。

- 就学援助が必要と考える
- 就学援助は不要と考える
- その他(具体的に記載してください)

◆民生委員の調査 ( 有 ・ 無 )

【Enquiries】 School Support Section, School Support Division, Oyama City Education Board(TEL: 0285-22-9642)  
or your school