(New Application • Renewal)

※Please fill in the information below.

Name of the school: OOO Elementary School

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Application / Consent / Authorization Form on the School Expense Allowance (school year 2025-2026)

To the Superintendent of the Oyama Board of Education

Application Date: 2025/4/10

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

- 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 application is approved, the Oyama Board of Education can provide that information to the case workers.

| _ | Current Address | C | Housing Situation (Circle the appropriate option) | | | | | | | | | |
|---|---|---|---|--------------|------|---|-------------------------------|--|--|--|--|--|
| Applicant Information | Name | | | | | F | Phone Number | 1. Own house | | | | |
| | | Sakurako Omoigawa ED | | | | XXX-XXXX-XXXX | | (Mortgage: Y / N) (If Y: yen / m) | | | | |
| | Relationship to student(s) | | DOB | DOB yyyy/mm/ | | | Part-time (OO Corporation) | 2. Rental house Rent: 45,000 yen / m) | | | | |
| | | Mother | 1985/3/9 | | | cupation/ ork place | | | | | | |
| | Address on Jan. 1st | XIf you were not an Oyama resident on Jan. 1st, 2025, please fill in. | | | | | | | | | | |
| Reas | son for application) | (Please circ | le one or m | ore.) | | | | | | | | |
| 1.) Taking civic tax exemption or reduction. [Attach the documents below] | | | | | | | v】 | | | | | |
| 2. Taking self-employment / real estate tax reduction. | | | | | | Income certificate (<u>If you were not Oyama resident</u> | | | | | | |
| 3. Defered payment of National Health Insurance. <u>on Jan. 1st, 2025, documents of all household</u> members should be attached.) | | | | | | | | - | | | | |
| | 4. Taking Nationa | al Pension ins | ou were Oyama resident on Jan. 1st, 2025, the | | | | | | | | | |
| (| 5. Taking the child-raising allowance. documents are not requiered. | | | | | | | | | | | |
| 6. Taking a loan from the life welfare fund. | | | | | | | | | | | | |
| 7. Cannot afford children's school fee due to financial hardship (Please write below). | | | | | | | | | | | | |
| | (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 burden for us. | | | | | | | | | | | |
| «Information about Student(s) who attend public schools in Oyama and need the allowance.>> | | | | | | | | | | | | |
| Student Information | Name of the school | | | grade | : | Student name Date | | of birth (yyyy/mm/dd) | | | | |
| | ○○ Elementary School | | | 6 | Masa | Masamitsu Omoigawa | | 2013/8/16 | | | | |
| | OO Elementary School | | | 4 | Mor | Momoko Omoigawa | | 2015/10/7 | | | | |
| | | | | | | | | | | | | |
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$\ll\!\!\mathsf{About other family members / roommates} \gg$

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

| | Relationship to student(s) | Name | Date of birth (yyyy/mm/dd) | Occupation (work place) or name of school(s) | |
|---|-------------------------------|---|--|---|--|
| Family member $ar{}$ roommate Information | Grandfather | Yoshio Omoigawa | 1962/7/10 | N/A | |
| | Grandmother | Kinuko Omoigawa | 1965/2/8 | Part-time (△△ Inc.) | |
| | Older sister | Ramu Omoigawa | 2009/5/26 | ○○ High school ○th grade | |
| | Uncle | Wataru Omoigawa | 1987/6/15 | Full-time (△△ Mart) | |
| | | | | | |
| Ŀ | | | | | |
| | | | | | |
| can re | each you. | visit your house to talk with you (<u>This</u> <u>a.m. / p.m<mark>., W</mark>ekends: Around</u> | may not occur for all of the applicant of a.m. | <u>ts)</u> . Please let us know when we | |

【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)

- 口 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
- □ 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