

Name of the school: **○○○ Elementary School**

**Application / Consent / Authorization Form
on the School Expense Allowance (school year 2022-2023)**

To the Superintendent of the Oyama Board of Education

Application Date: **2022/4/10**

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

- a) The Oyama Board of Education can refer to the resident registry and the payment record of civic 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 I reside with.
- 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.

※Please fill in the information below.

Applicant Information	Current Address		<input type="checkbox"/> Apartment ×××, △△-△△△, ○○-cho, Oyama-shi			Housing Situation (Circle the appropriate option)
	Name		Sakurako Omoigawa 印		Phone Number	1. Own house (Mortgage: Y / N) (If Y: yen / m)
	Relationship to student(s)		Mother	DOB 1985/3/9	Occupation/ work place	
	Address on Jan. 1st		※If you were not an Oyama resident on Jan. 1st, 2022, please fill in.			

【Reason for application】(Please circle one or more.)

<ul style="list-style-type: none"> <input checked="" type="checkbox"/> 1. Taking civic tax exemption or reduction. <input type="checkbox"/> 2. Taking self-employment / real estate tax reduction. <input type="checkbox"/> 3. Deferred payment of National Health Insurance. <input type="checkbox"/> 4. Taking National Pension installation reduction. <input checked="" type="checkbox"/> 5. Taking the child-raising allowance. <input type="checkbox"/> 6. Taking a loan from the life welfare fund. <input checked="" type="checkbox"/> 7. Cannot afford children's school fee due to financial hardship (Please write below). 	<p>【Attach the documents below】</p> <p>•Income certificate / Withholding certificate (If you were not Oyama resident on Jan. 1st, 2022, documents of all household members should be attached.)</p> <p>※If you were Oyama resident on Jan. 1st, 2022, the documents are not required.</p>
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(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	Masamitsu Omoigawa	2010/8/16
	○○○ Elementary School	4	Momoko Omoigawa	2012/10/7

◀About other family members / roommates▶

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

Family member / roommate Information	Relationship to student(s)	Name	Date of birth (yyyy/mm/dd)	Occupation (work place) or name of school(s)
	Grandfather	Yoshio Omoigawa	1962/7/10	N/A
	Grandmother	Kinuko Omoigawa	1965/2/8	Part-time (△△ Inc.)
	Older sister	Ramu Omoigawa	2005/5/26	○○ High school ○ th grade
	Uncle	Wataru Omoigawa	1987/6/15	Full-time (△△ Mart)

※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 **6** a.m. / p.m. Weekends: Around **10** a.m. / p.m. ~ **5 p.m.**

~~~~~This is the end of the form for guardians. School staff will fill in the forms below.~~~~~

【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 )

【Inquiry】Gakko-shien-gakari, Kyoiku-somu-ka, Oyama-shi Kyoiku-iinkai 0285(22)9642 or schools