

Matsudo City School Lunchbox Subsidy Program Application Form
<Limited period from April to July 2025>

(To) Mayor of Matsudo

Date: YYYY / MM / DD

Applicant (Parent / Guardian)	Address	
	Furigana	
	Name	(Stamp seal here 印)
	Phone Number	()

AGREEMENT

- (1) The City of Matsudo shall confirm the resident information in the Basic Resident Register and the status of receipt of public assistance and school aid, etc.
(2) The City of Matsudo shall confirm the taxation status of the residents with regard to the city tax, etc.
(3) Matsudo City and the relevant municipality shall investigate and confirm the status of receipt of support for school lunch expenses, etc. (e.g., in the case of a person moving in from outside the city)
(4) In the event that I am in arrears in school lunch fees, any support from this subsidy will go towards paying off the arrears until they are paid in full, before support from this subsidy can be received directly.
I have obtained the consent of the members of the household to which I belong and the persons on whom I depend for support with respect to this matter.

I agree to the above conditions, and I hereby apply for a lunch box subsidy in accordance with the provisions of Article 15 of the Matsudo City School Lunch Fee Support Program Implementation Guidelines. I request that the subsidy amount, which is administered and calculated by the school based on the number of days my child brings the lunch, be transferred to the following account.

Children enrolled in Matsudo Municipal Schools who plan to bring their own lunch				
	Furigana Name	Date of Birth	School (Matsudo Municipal Schools only)	Grade
1		YYYY / MM / DD		
2		YYYY / MM / DD		
3		YYYY / MM / DD		
4		YYYY / MM / DD		
5		YYYY / MM / DD		
6		YYYY / MM / DD		
7		YYYY / MM / DD		
8		YYYY / MM / DD		

Please fill in the bank account information of the applicant
(parent / guardian) to which the subsidy will be transferred.
※If this information is not provided, the subsidy will not be provided.

Bank Information		Bank Code	Bank / Shinyo-kinko / Shinyo-kumiai / Nokyo	Branch Code	Honten / Shiten / Shucchojo
Account Type	Saving	Account Number			
Hiragana Name Name of Account Holder		The account holder must be the same as the applicant			

※ Attach the copy of your bank card or the bank book on the back of this form.