

## Matsudo City School Lunchbox Subsidy Program

&lt;Limited period from April to July 20

① Date this form  
was filled out

(To) Mayor of Matsudo

① Date: YYYY / MM / DD

Applicant (Parent / Guardian)	Address	356 Nemoto, Matsudo City
	② Furigana	マツド タロウ
	Name	Taro Matsudo (Stamp seal here 印)
	Phone Number	047 (366) 7463

- (1) The City of Matsudo shall confirm the receipt of public assistance and school aid, etc.  
 (2) The City of Matsudo shall confirm the receipt of the subsidy.  
 (3) Matsudo City and the relevant municipality shall confirm the receipt of the subsidy for lunch expenses, etc. (e.g., in the case of a child who is in arrears in school fees, etc.).  
 (4) In the event that I am in arrears in school fees, etc., I agree to pay 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.

② The applicant (parent/guardian) must sign the form in his/her own handwriting.  
 Please make sure that it is the same person as the holder of the bank account at the bottom.

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	マツド イチロウ Ichiro Matsudo	2008 / 08 / 05	Dai-ichi Junior High School	3
2	マツド ハナコ Hanako Matsudo	2011 / 12 / 22	Chubu Elementary School	6
3	③ マツド ジロウ Jiro Matsudo	2012 / 05 / 05	④ Hokubu Elementary School	5
4	マツド ミドリコ Midoriko Matsudo	2013 / 09 / 03	Nanbu Elementary School	4

③ The name of each child who will be bringing their own lunch instead of eating school lunches in the order of the children's ages, starting with the oldest. (No information is required for preschool children)

④ The name of the school in which your children are enrolled and their grade as of the year of application

⑤ Bank account information where you would like the subsidy to be deposited. Please attach a copy of your cash card or bank book with the account information on the back of this sheet.

⑤	Bank Information	Bank Code 0134	Chiba	Bank Shinyo-kinko / Shinyo-kumiai / Nokyo	Branch Code 010	Matsudo	Honten / Shiten / Shucchojo
	Account Type	Saving	Account Number	0111111			
	Katakana Name Name of Account Holder	マツド タロウ Taro Matsudo					

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