第２号様式 (Form 2)

Matsudo Municipal School Chronically Absent Student

Lunch Fee Support Application Form <For April - July, 2025>

（To）Mayor of Matsudo

Date： Y Y Y Y / M M / D D

|  |  |  |
| --- | --- | --- |
| **Applicant (parent/guardian)** | **Address** |  |
| **Katakana** |  |
| **Full Name** |  |
| (Stamp seal here ㊞ ) |
| **Phone Number** | （　　　　　） |

Terms of Agreement

（１） Matsudo City shall confirm the applicant’s residency information in the basic residence register, as well as the applicant’s status of receiving public assistance or school expense subsidy.

（２） The applicant’s status of receiving support related to school lunch fee from a subsidy system in Matsudo or a related city (in the case of the applicant moving from another city) will be investigated/confirmed.

（３） The child who is the subject of the application has been absent consecutively for more than one month, has submitted a Notice of Missing/Suspending School Lunch, and has stopped school lunch provision.

Furthermore, the applicant has obtained consent for this condition from their household members and the dependents that the applicant is supporting.

I agree to the above conditions, and I hereby apply for lunch fee subsidy in accordance with provisions of Article 4 of the Matsudo City School Lunch Fee Support Program Implementation Guidelines. I request that the subsidy amount, which is multiplied by the monthly lunch support amount and the number of eligible months, be transferred to the following bank account provided.

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| --- | --- | --- | --- | --- |
| **List children who are attending Matsudo municipal elementary school or junior high school** | | | | |
|  | **Katakana**  **Full Name** | **Date of Birth**  **(YYYY/MM/DD)** | **Name of School** | **Grade** |
| 1 |  | **/ /** |  |  |
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| 2 |  | **/ /** |  |  |
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| 3 |  | **/ /** |  |  |
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| 4 |  | **/ /** |  |  |
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| 5 |  | **/ /** |  |  |
|  |
| 6 |  | **/ /** |  |  |
|  |

**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 granted※**

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

＜See Backside＞

◎ Please be sure to affix a copy of your bank book or the bank card on the backside of this form ◎