# Application Form for School Expense Assistance (Oct. 2024 -Sep. 2025) [Front side]

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Sch	iool code				
application date		Υ	M	I	D

I hereby apply for School Expense Assistance and agree with conditions 1-5 below:

- 1. Sapporo City Board of Education will obtain data on regident registration, income, tax amounts, welfare assistance, and child-care allowance (*Jido Fuyo Teate*) of the applicant and his/her household members, directly from the concerned departments of Sapporo City to the extent necessary for examination.
- 2. Sapporo City Board of Education will inform the result and progress of examination to the school where a child listed in ② is (will be) enrolled.
- 3. The school lunch and school trip expenses provided to my household will be received by the Mayor of Sapporo or the school principal on my behalf and will be used for school lunch and school trip expenses.
- 4. If I fail to pay expenses to the school by the deadline, the school principal will receive the school supplies and school trip fees provided to my household on my behalf and apply them to the repayment of the delinquent amount.
- 5. In the event that I have improperly received school expenses through misrepresentation, etc., I will return the entire amount.

Œ	Applicant (The bank account holde	r) *Must be a guardian	[Please make sure to fill out all the items]
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katakana			Date of bir	th	Υ	М	D	
Name			Phone#					
Address	Ŧ	-						
Current occupatio	n	□ Employee/Public employee □Self-employed □Part-time worker □U University/technical school student □High school student and		Income of 2023		If received this assistance after Oct. 2024 in other city, write the city's name.		

②Name(s) of eligible child(ren) (who are enrolled in elementary, junior high schools in FY 2024 and who will enroll in elementary school in April 2025) \*For children who are going to enter elementary school, write the school name and '予定'("Scheduled") in the 'Grade' column

Name		Date	Date of Birth		School Name	Grade
Katakana						
Name		Υ	М	D		
Katakana						
Name		Υ	М	D		
Katakana						
Name		Υ	М	D		
Katakana						
Name		Υ	М	D		
Katakana						Î
Name		Υ	М	D		

3Names of all household members other than child(ren) listed in 2. In princple, include persons who live together or spouse lives separately.

Name		Relationship Date of Birth		Curent occupation	Income of 2023
Katakana				☐ Employee/Public employee ☐ Self-employed	
Name				□Part-time worker □Unemployed □University/technical school students □High school students and below	Yes · No
Katakana				☐ Employee/Public employee ☐ Self-employed	
Name				□Part-time worker □Unemployed □University/technical school students □High school students and below	Yes · No
Katakana				□ Employee/Public employee    □Self-employea      □Part-time worker    □Unemployed	
Name				□University/technical school students □High school	Yes · No
Katakana				□ employee/Public employee □ self-employed □ Part-time worker □ Unemployed	
Name				□University/technical school students □High school	Yes · No
Katakana				☐ Employee/Pablic employee ☐ Self-employed ☐Part-time worker ☐Unemployed	
Name				□University/technical school students □High school	Yes · No
Katakana				☐ Employee/Pablic employee ☐ Self-employed ☐Part-time worker ☐Unemployed	
Name				□University/technical school students □High school	Yes · No

### 4 Reason for application (Circle an applicable number)

- ${\bf 1} \ \ \mbox{Welfare assistance was cancelled or suspended in or after Oct. 2023.}$
- 2 Received child-care allowance (Jido Fuyo Teate ) in or after Nov. 2023.
- 3 All household members are exempt from municipal tax in FY2024.
- 4 Total income of all household members in 2023 was less than the limit.
- 5 Individual enterprise tax was fully exempted in or after FY2023.
- 6 Received loans from Social Welfare Council in or after FY2023.

## ⑤ If you are a single-parent householder and not receiving childcare allowance(Jido Fuyo Teate), circle the appropriate reason.

- 1 My application is currently proceeding (undecided)
- 2 Income has exceeded the set limit
- 3 I am receiving disability pension and/or survivor's pension
- 4 I am in the process of divorce mediation or trial with a spouse
- 5 Other (

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	特別	]支援	教育就	学奨质	遺から	の変更申	1請	
	世帯	構成	の変更	に伴う	再申請			
特記	事項							
学校	受付				審查			
1 1	~11				ш н.			
令和	'n	年	月	日				
.11 J	щ	+-	Л	学校	認	・否		
				十1汉				月

## FY2024 Application Form for School Expense Assistance (Oct. 2024-Sep. 2025) [Back side]

#### **©** Bank account to receive School Expense Assistance

(The name of the account holder must be the same as the applicant provided in 1)

