

**Survey and Application Form for Financial Aid
for School Expenses and Special Support Education for Fiscal 2024**

1 SURVEY FOR FINANCIAL AID REQUEST (for all parents)

date: 2024 / month / day

parent or legal guardian	student		
name	name	school: Fussa #	grade: class:

Do you wish to receive financial aid? Please circle the number below.

2. Yes	2. No
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If you have circled “ 2. No”, you do not need to fill out the Application Form below.

If you have circled “ 1. Yes”, please fill out the Application Form below.

2 APPLICATION FORM FOR FINANCIAL AID (only for those who wish to receive the aid)

If you have two or more children enrolled at municipal elementary or junior high schools in Fussa, only the Application Form for the eldest child is requested to fill out.

I fill out the Application Form of student's name:			
school: Fussa #	grade:	class:	

I am applying for financial aid to Fussa City Board of Education. I agree the following matters and attach necessary documents.

1. I entrust a school principal of my child enrolled with matters for claiming and receiving subsidy for school expenses and special support education (excluding the charge for a school lunch) in fiscal 2024.
2. I entrust a head of the Fussa lunch center with matters for claiming and receiving subsidy for school expenses and special support education; the charge for a school lunch in fiscal 2024.
3. I understand that Fussa City Board of Education can peruse the basic register of my resident registration, and the basic register of my city and Tokyo metropolitan resident taxes.
4. If I have not yet paid school expenses, I agree that the subsidy for school expenses and special support education is allocated to the amount in arrears.
5. I ask Fussa City to deposit the subsidy for school expenses and special support education to my bank account below. When deposit is completed, I acknowledge that I have received the subsidy at the same time.

parent(legal guardian) address

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applicant(parent or legal guardian) name	telephone number
	home mobile

condition of the household (all members of the household including a legal guardian and an applicant who share daily expenses)

name	relationship	date of birth	Job category Ex) employee, part-time job...and so on	School ,Grade and Class

residence	1.own 2.rent (monthly rent: ¥) Circle the applicable one and write down the amount of your monthly rent. Attach documents that prove your house rent.
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(reasons for application) : Circle the applicable one or more.

1. I am receiving the livelihood assistance
2. Assistance based on the Livelihood Protection Law was discontinued or abolished in fiscal 2023 or fiscal 2024. (date of discontinuation or abolishment year: month: day:
3. City and Tokyo metropolitan resident taxes for fiscal 2023 or fiscal 2024 were exempted or reduced.
4. Qualified as low-income household.
5. My child is a student of a special support class.

***If you don't live in Fussa city as of Jan.1.2024, please attach a certificate of income.**

bank account						
name of the financial institution	branch	number of branch				
bank shinkin bank JA credit union		number of the account				
	type of the account					
	1.ordinary 2.current 3.savings 4.others	name of the account holder by katakana letters				

3 CERTIFICATE OF INCOME (for those who need to attach.)

* If you have two or more children enrolled at municipal elementary or junior high schools in Fussa, please paste the certificate on the Application Form for the eldest child

4. CERTIFICATE OF HOUSE RENT (for those who need to attach)

Please paste the certificate here.

■ Those who do not need to attach certificates is

- : who live in Fussa city as of Jan.1.2024 and report resident taxes.
- : who live in his or her own house.