

2025 Financial Assistance Program (shugaku-enjo)
for elementary and junior high school students
【application sheet】

整理番号

認定年月日

月 1 日 認定・否認定

・Submit one sheet for one household ・Fill out in the bold line area Date of application: Year Month Day

Affidavit

To Tokorozawa City Board of Education
I apply for financial assistance program.
I hereby agree to the following procedures in determining to grant or deny my application.

- We inspect income and tax information of applicant's family.
- Expenses for school lunch is entrusted to the school principals.
- We share related information with a new city's (when you move to), or a former city's (when you move from) Board of Education.

Please write your signature if you are in agreement with the conditions mentioned above.

Present Address: Tokorozawa-shi,

phone number: — —
* reachable during the day

Former address(as of January 1st 2025)

* check the box same as above if not, write your former address:

you are required to attach the public document that states your income and tax information record in 2024.

Name of applicant (parents/guardians)

Residential information

* check the box
 your own house
 House for rent
[amount of rent: ¥ /month]

Tax return for 2024 income

* check the box filed not filed
If you have not filed your tax return (income earned January 1st through December 31st in 2024), please file your tax return. Otherwise, we will not able to conduct income screening for this program.

Name of child	Relation	Date of birth	School	Grade	Class	checked
1	<input type="checkbox"/> son <input type="checkbox"/> daughter	Y. M. D.	<input type="checkbox"/> elementary <input type="checkbox"/> junior high			
2	<input type="checkbox"/> son <input type="checkbox"/> daughter	Y. M. D.	<input type="checkbox"/> elementary <input type="checkbox"/> junior high			
3	<input type="checkbox"/> son <input type="checkbox"/> daughter	Y. M. D.	<input type="checkbox"/> elementary <input type="checkbox"/> junior high			
Child entering elementary school in 2026	Relation	Date of birth	School	Grade	Class	checked
	<input type="checkbox"/> son <input type="checkbox"/> daughter	Y. M. D.	elementary school	first (in 2026)		
Family members	Relation	Date of birth	Occupation (etc)	Earned income in 2024		
1 applicant	<input type="checkbox"/> mother <input type="checkbox"/> other <input type="checkbox"/> father	Y. M. D.		<input type="checkbox"/> yes <input type="checkbox"/> no		
2	<input type="checkbox"/> mother <input type="checkbox"/> other <input type="checkbox"/> father	Y. M. D.		<input type="checkbox"/> yes <input type="checkbox"/> no		
3	<input type="checkbox"/> mother <input type="checkbox"/> other <input type="checkbox"/> father	Y. M. D.		<input type="checkbox"/> yes <input type="checkbox"/> no		
4	<input type="checkbox"/> mother <input type="checkbox"/> other <input type="checkbox"/> father	Y. M. D.		<input type="checkbox"/> yes <input type="checkbox"/> no		

Bank account

*Please attach a copy of your cash card.

name of account holder	bank name	branch	account number
in <i>katakana</i> letters if possible			

Please check the box that corresponds to your family situation.

- We have not registered our residency in Tokorozawa.
- We live on Public Assistance System.
- Our child is attending the school outside designated school district.
- We have changes in the number of household members, and others.
- We have members with disabilities in our household .

[e.g.; divorced, mother and child household...etc.]

* Please attach a copy of issued disability crificate when his/her disability grade is more than 3 for physical, more than B for intellectual, and more than 2 for mental.

受付年月日	学校名	受付印
年 月 日		

教育総務課記入欄

受付	入力	確認	備考
	/	/	