

SAMPLE

様式第1号 (第4条関係)

Date (year/month/day)

YYYY年 MM月 DD日

Applicant Details (Parents / Guardian):
Address
Full Name
Phone Number

申請者 住所 Ota-Shi Hama-Cho 2-35
(保護者) 氏名 Ota Daniel

電話番号 0276-47-1111

子育て支援対策学校給食費助成金交付申請書兼承諾書

School Meal Exemption / Subsidy Grant Child-Rearing Support Measure Application and Consent Form

I am applying according with the Ota-Shi School Meal Subsidy Grant Child-Rearing Support Measure Regulation; Article 4 as follows. I consent to the examination, inquiry and reviewing of resident record documents and other materials pertaining to my household to the board of education in order to receive authorization for exemption / subsidies.

対象児童・生徒	Please make sure to fill in the name of the school(s).			学年
フリガナ オオタ メアリー Ota Mary	YYYY年MM月DD日	14歳	●● Chuugakkou	3年
フリガナ オオタ トーマス Ota Thomas	YYYY年MM月DD日	11歳	●● Shougakkou	6年
フリガナ	年 月 日	歳		年
Name(s) of eligible student(s) that you are raising.	Date of birth (year/month/day)	Age	School Name(s) for student(s) who attend "Shougakkou" Elementary or "Chuugakkou" Junior High School(s).	Grade(s)
フリガナ	年 月 日	歳		年

Please fill in your **OTACO membership number (8 digits)** that you obtained as subsidy will be paid by OTACO coin after your application is approved.

OTACO 会員コード (8桁)

※必ず確認し をお願いします。

OTACO 会員コードは対象児童・生徒の保護者の番号で間違いありません。

Check the box after confirming the number is definitely the number of the applicant (parent / guardian) of the eligible student(s).