School Lunch Application Form (For students)

				I	Date:	(year)	(month)	(day)
To: Mayor of Kanazav	va							
	Applican (Guardian			Name				
			(
				Relationship to the student				
				Tel. (daytime)				
In accordance with Implementation Regul below during the term of Kanazawa City.	ations, I h	ereby a	oply for	the school	l lunch ser	vice for the	e student sp	
Student receiving the school lunch service	Name							
	School name					Scho	ol year	
Note: This application enrollment in a						_		
Application for the o	collection	of schoo	l lunch	fees from	the child a	llowance a	nd special l	penefits
To: Mayor of Kanazav	va							
In accordance with lunch fees are not pa (child allowance and s I agree that overdu on the above request,	nid by the special be ue school	due dat nefits he lunch fe	te, the reafter) es are	amount be upon the to be dedu	e deducted date of red ucted from	d from the ceiving it.	child allow	ance, etc.
Date: <u>(year)</u>	(mon	th)	(day)					
Recipient of child allowance, etc. (guardian) (Signature or printed name with seal)								