

# Application for FY2023 Financial Aid for School Expenses

To: Kanazawa City Board of Education

I hereby apply for FY2023 financial aid for school expenses, and agree to the following seven conditions.

(1) Assessment regarding the status of education assistance based on the Public Assistance Act

(2) Assessment regarding the municipal tax imposition status of the applicant and all other household members

(3) Assessment regarding the applicant's child-rearing allowance status at the time of application

(4) Assessment regarding the house ownership of all household members

(5) For those who moved to Kanazawa City on January 2, 2023 or later, assessment of educational assistance status at the previous living place

(6) For those who moved out of Kanazawa City on January 2, 2023 or later, notification of educational assistance status from Kanazawa City

(7) If the applicant has not paid the school expenses of the previous year or this year by the due dates, all authority regarding claims, receipt and return of financial aid for school expense shall be delegated to the school principal

Date: (year) (month) (day) (Date of submission)

I hereby agree to the above seven conditions and apply for the aid.

Applicant (Guardian)	Address	〒 -																								
	*Address as of January 1, 2023	*Fill in only if you moved to Kanazawa City on January 2, 2023 or later.																								
	Name	(Signature or printed name with seal)							Individual number (my number) *Fill in only if you did not previously provide it.																	
	Home phone No.	-					-		Mobile phone No.			-					-									

Student	School name		Elementary school Junior high school			<b>Applications for multiple children attending the same school can be submitted together using one application form. If you have children in both E-school and M-school, please submit an application form for each school.</b>										
	School year/ Class		Katakana Name				Date of birth			Last year's payment	Individual number (my number)					
	year	class	Family name		Given name		year	month	day	Yes / No	<b>* Fill in only if you did not previously provide it.</b>					
	year	class	Family name		Given name		year	month	day	Yes / No	<b>* Fill in only if you did not previously provide it.</b>					
	year	class	Family name		Given name		year	month	day	Yes / No	<b>* Fill in only if you did not previously provide it.</b>					
year	class	Family name		Given name		year	month	day	Yes / No	<b>* Fill in only if you did not previously provide it.</b>						

[illegible]

House ownership	1. Owned house	2. Rented house, apartment, etc. (Circle either number.)
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Bank account	Fill in an applicant's bank account <b>*Fill in even if you received the aid last year</b>									
	Bank	Main office	Account holder (katakana)	Family name (katakana)			Given name (katakana)			
	Shinkin Bank	Branch	Account holder *Applicant only	Family name	Given name	Saving account number				
	JA	Subbranch								
Check (✓) the items corresponding to your status.										
<input type="checkbox"/> Received financial aid for school expenses last year. —————> Bank account —————> <div style="display: inline-block; vertical-align: middle;"> <input type="checkbox"/> Same as last year  <input type="checkbox"/> Different to last year (Attach a photocopy of the bank passbook account information page)         </div>										
<input type="checkbox"/> Did not receive financial aid for school expenses last year. (Attach a photocopy of the bank passbook account information page)										

Special items	Check (✓) the applicable items. If you are applying for a reason marked with (*), attach proof (photocopy).		
	<input type="checkbox"/> Suspension or cancellation of welfare benefits	<input type="checkbox"/> Reduction/exemption from fixed asset tax (*)	<input type="checkbox"/> Using the social welfare loan (*)
	<input type="checkbox"/> Reduction/exemption from municipal tax (*)	<input type="checkbox"/> Exemption from national pension premiums (*)	<input type="checkbox"/> Receiving child-rearing allowance
	<input type="checkbox"/> Reduction/exemption from individual enterprise tax (*)	<input type="checkbox"/> Reduction/exemption from national health insurance premiums (*)	<input type="checkbox"/> Day laborer registered at a job placement office (*)

Agreement to tax document examination	All adults of the household except the applicant (including minors with income)	
	To: Kanazawa City Board of Education	
	I hereby consent to Kanazawa City conducting the assessments listed below regarding financial aid for school expenses.	
	(1) Assessment of status of education assistance based on the Public Assistance Act    (2) Assessment of municipal tax imposition status	
	(3) Assessment of child-rearing allowance status at the time of application    (4) Assessment of house ownership status	
	(Signature or printed name with seal for each person.)	
	Name _____	Name _____
	Name _____	Name _____

There are also sections to complete on the rear side: Educational Assistance Application (for 3rd-year junior high school students) and document attachment