

School Expenses Assistance Form (front)

FY2026 Application for School Expenses Assistance Payment and Bank Transfer Request Form

Circle one of the following.

New change (Moving Change of address Change of household Other)

Child / Student	Minato Municipal ()	Furigana	* Please write with a ballpoint pen inside the box. Date: (year/month/day) Y M D		
	Elementary / Junior High School year Class	Name			
		Date of birth (Y/M/D)			

To: Minato City Mayor
Minato City Board of Education

I wish to receive assistance with school expenses, so I am applying with the necessary documents attached and agree to the following:

- 1 I agree to the use of information held by Minato City pertaining to family members' residence registration, tax and payments received such as public welfare assistance and child-rearing allowance in the course of the approval process.
- 2 I agree to the school expenses assistance payments being deposited into my account below.
- 3 I agree to the school principal being notified of this application and its approval.
- 4 I agree to the school principal being asked to check the attendance status of my child as required for payment of school expenses assistance.
- 5 If I fail to pay my school fees and the Board of Education deems it necessary, I grant the school principal full authority to receive the school expenses assistance and process it in accordance with this purpose.
- 6 If any refunds of the school expenses assistance are required, I agree to refund the amount promptly via the method designated by the Board of Education.
- 7 In the event of relocation, I agree to share the necessary information with the other municipality regarding my receipt of school expenses assistance.
- 8 When using such city programs, I agree to share information as necessary with Minato City departments about my receipt of school expenses assistance payments.

Applicant (parent/guardian)	Furigana	Marital Status	Relationship to child	Bank account for deposit transfers	Bank Credit union Credit cooperative branch					
	Name	Married/ Single	Father Mother Other ()		Financial institution code			Branch code		
	Address	MINATO CITY			General	Account No.				
	Resident registration location as of January 1, 2026 (enter only if different from current address)	(Date of relocation . .)			Name of account holder					
	Home phone number ()				(must be applicant)					
	Mobile phone number ()									
Circle the following if applicable.										
1 Receiving public welfare assistance (Date received . .)										
2 Receiving a child-rearing allowance (Certificate number)										

Family status (please also enter the name of applicant and child)

All family members and relatives living with you in the same household	Name	Relationship to applicant	Date of birth (Y/M/D)	Age	Occupation (or school)	2025 income	Relationship in terms of living expenses	Residence
	1	Self (applicant)	/ /			Yes / No		
	2		/ /		(School year)	Yes / No	Shared / Separate	Shared / Separate
	3		/ /		(School year)	Yes / No	Shared / Separate	Shared / Separate
	4		/ /		(School year)	Yes / No	Shared / Separate	Shared / Separate
	5		/ /		(School year)	Yes / No	Shared / Separate	Shared / Separate
	6		/ /		(School year)	Yes / No	Shared / Separate	Shared / Separate
	7		/ /		(School year)	Yes / No	Shared / Separate	Shared / Separate
	8		/ /		(School year)	Yes / No	Shared / Separate	Shared / Separate

Notes (Please note any reasons here as required, such as "living separately due to posting")

Please check overleaf

