

To: Head of Academic Division, General Affairs Department  
Office of the Secretariat, Kawasaki City Board of Education




Zip code:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



Mr./Ms.

(Rather than a guardian, this may be the head of the household as listed on the basic resident register.)

If there is any inconvenience, etc. in submitting the above information (name, etc.) to the school, you can blackout or cut out the relevant parts.

I do not wish to apply for School Attendance Financial Assistance in FY 2020.

Name of guardian		
Name of student	School	
	Grade	Class
Name of student	School	
	Grade	Class
Name of student	School	
	Grade	Class
Name of student	School	
	Grade	Class

\* Please state the name of each child in the household attending primary school or junior high school, the name of the school they attend, their academic year and class.

\* Applications can be submitted when circumstances have changed during the academic year. At such times, please contact the Academic Division, General Affairs Department, Office of the Secretariat, Kawasaki City Board of Education.