

Application Form (Letter of Consent) for School Expense Subsidies  
(New Enrollment Subsidies) for Fiscal Year 2024

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

Address: \_\_\_\_\_

\_\_\_\_\_

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\_\_\_\_\_

I hereby agree to the following and **file an application for school expense subsidies (New Enrollment Subsidies)** for fiscal year 2024.

I hereby certify that the information contained in this application form and attachments is true and correct.

Date of application: \_\_\_\_\_ - \_\_\_\_\_ - 20\_\_\_\_ (Enter the date you write.)

Name of applicant (your signature is required)

Applicant's phone number

**(Enter a phone number reachable during business hours.)**

Reason for applying (circle the number corresponding to the reason)

- 1 Public assistance has been suspended or terminated this year or in the previous year.
- 2 Receiving a child rearing allowance.  
\* Not the child allowance or special child bearing allowance.
- 3 Income in 2022 was less than the standard amount (see the guidelines below).
- 4 Have other financial difficulties.
- 5 Household finances changed abruptly.

**\* If any false information is found in the application, New Enrollment Subsidies that have already been paid may have to be returned.**

I agree that:

1. The Board of Education makes a reference about the civil tax/prefectural tax list of the family member(s) contained in the "Status of household" listed below, the status of public assistance, and the status of the child rearing allowance.
2. The Board of Education or school makes a reference to or notification of the relevant municipality about the status of payment of school expense subsidies if I move from/to a different municipality.

**Bank account information:**

\* Circle the number corresponding to the bank account used to receive the school expense subsidies (New Enrollment Subsidies).

**\* You cannot select 1 if field 1 is marked with hatched lines. Fill in field 2 (newly registered bank account/corrected registered bank account).**

**\* If your account information has been entered in field 1, the subsidies will be paid into this bank account. If you make any changes or amendments, draw a circle around "2" and fill in field 2.**

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- 2 Newly registered bank account/corrected registered bank account **(A bank account of a person whose name is not listed in "Status of household" cannot be registered.)**

Name of account holder	Bank/Agricultural Cooperatives/Shinkin Bank/Credit Union	Head Office Branch	Account type	Account number (align the number to the right.)
			1 Savings	

**Documents to be attached**

- A copy of your bank passbook for savings account you entered in field 2 of the Bank account information as an account you wish to have the New Enrollment Subsidies transferred into. **(Mandatory)**
- If you select 2 as your reason for applying, submit a copy of your Child Rearing Allowance Certificate (a page showing its expiration date and name of the child). **\* A Social Welfare Medical Card cannot be used as proof.**
- If the date you became a resident of Kawasaki City is later than January 1, 2023, or you have not declared your income for fiscal 2022: → Proof of your income for 2022 (tax declaration/tax exemption certificate for 2023 or certificate of income and withholding tax for 2022)

**Status of household**

(Information contained on the residence certificate or a list of students and school age children.)

- \* List all family members covered by the same household income regardless of whether they live together or separately. To add or remove individuals to/from the household status list, follow the instructions below.
- \* "Family members covered by the same household income" refers to (i) members living with the applicant (including those who are not registered on the same residence certificate), and (ii) members temporarily living apart but still covered by the same household income.

To add individuals to the household status list, write their name(s), relationship(s), and date(s) of birth in a blank space.

(Reducing): If you wish to reduce the number of items to be filled in, cross out the appropriate column with a double line and state the reason in the Remarks section.

	Name	Name in Katakana	Relation - ship	Date of birth	Name of school	Grade
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						

\* The information contained in this form will only be used to process the school expense subsidies and will be maintained with sufficient attention to protect personal information.