

To the Kawasaki City Board of Education, Superintendent of Education

Date completed: - - 20

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| Date Received by School |
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I will not apply for the school aid system in 2024.

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| 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 write the guardian name, name of children attending elementary and middle school in your household, name of school attended, school 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.