### FY 2025 School Attendance Financial Assistance Application and Agreement

## To the Kawasaki City Board of Education, Superintendent of Education

|   | I consent to the items of the Agreement below and hereby                   |
|---|--|
|   | apply for School Attendance Financial Assistance for FY 2025.              |
| <del>T</del> −                                | I also confirm that there are no discrepancies between items stated in the |
|   | application form and the attached documents.                               |
|   | Date of application  |
|   | Name of applicant (guardian's signature)                                   |
|   | Applicant's contact phone number   |
|   | (Please provide a number on which you can be contacted during the day)     |
|   | Reason for application: (Circle the appropriate number)                    |
|   | 1 You are receiving public assistance payments                             |
| In case of application during academic year,  | 2 Your public assistance payments were halted or stopped                   |
| reason for application and date of occurrence | this fiscal year or last fiscal year                                       |
| -   |  |

Reason:

Date:

\*If the application form is submitted by the end of the next month from the date of occurrence, it will be screened using the date of occurrence as the reception date.

### n for application: (Circle the appropriate number)

- ou are receiving public assistance payments
- our public assistance payments were halted or stopped his fiscal year or last fiscal year
- You are receiving a Child Rearing Allowance
- Income in 2024 was less than the standard amount
- Other financial difficulties(If your 2024 income exceeds the standard amount but if any of the "Reasons for Requiring Aid Despite Exceeding the Approved Standard

#### Agreement

- 1. If you continue to be approved as of the end of the current fiscal year (March 31), you will be considered as a continuation application (You will be considered as having already applied from the next fiscal year and beyond).
- 2. Regarding household members in the "Household situation" field below, the Board of Education will refer to their basic resident register, municipal tax/prefectural tax register, receipt of welfare payments, and receipt of child support payments.
- 3. If School Attendance Financial Assistance has been authorized, the billing, receipt and return of payments will be entrusted to the head of the school at which the child is enrolled.
- 4. Notification of items mentioned in the "Household situation" field (or the changed details where applicable) will be given to the school.
- 5. In case of moving in/out, Allocation to Unpaid School Fees the Board of Education or the school will inquire at or notify the relevant municipality about the School Attendance Financial Assistance payment situation.
- 6. There may be cases where payment is made via schools regardless of the registration of account information.

Account info: Please circle one of numbers 1-2 to indicate your preferred method for payment of School Attendance Financial \*If you choose 1, please submit a copy (that shows your account information and name of person who holds the account) of your passbook or cash card for the bank account that you use for transfers

1 I wish to have the funds transferred to my designated account (Can only be sent to the account name listed in the "Household Status" column)

|               | Bank / Agricultural cooperative |              |         |          |       |  |  |  |  |  | Honten | Acc | ount | type   | Account number (aligned to the right) |  |  |  |  | ight) |  |  |
|---------------|---------------------------------|--------------|---------|----------|-------|--|--|--|--|--|--------|-----|------|--------|---------------------------------------|--|--|--|--|-------|--|--|
|               |                                 | Credit union | / Credi | t associ | ation |  |  |  |  |  | Shi    | ten | 1 (  | Ordina | ary                                   |  |  |  |  |       |  |  |
| Name of accou | unt hole                        | der (kana)   |         |          |       |  |  |  |  |  |        |     |      |        |                                       |  |  |  |  |       |  |  |

2 No account, so request payment via the school

**Household situation** (State the household situation (residence certificate or register of school-aged children).)

\*Please state all household members with the same livelihood, whether living together or apart. To change the number of people, please follow the instructions below. Households with the same livelihood refer to those who share the same money (family expenses) for everyday life. It applies both to those who live together and those who live separately.

If increasing: Please add name, kana and date of birth in empty columns.

If decreasing: Please cross out the column for the person concerned with a double line and state the reason in the margin.

|   | Name (kanji) | Name (kana) | Date of birth | Name of school or workplace | Grade |
|---|--------------|-------------|---------------|-----------------------------|-------|
| 1 |              |             |               |                             |       |
| 2 |              |             |               |                             |       |
| 3 |              |             |               |                             |       |
| 4 |              |             |               |                             |       |

# FY 2025 School Attendance Financial Assistance

# Application and Agreement

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<sup>\*</sup>The matters stated in this Application (and Agreement) will be used only for administration of School Attendance, and due care will be taken to protect personal information when handling this information.

<sup>\*</sup>If there has been any false information, etc. in matters stated in the application, School Attendance Financial Assistance payments may have to be returned.