

2022 Form for New Application for Kobe School Subsidy

Addressed to the Superintendent of the Kobe City Board of Education

I hereby apply for the school expense subsidy, together with the bank account holder listed on this form. Furthermore, in accordance with Article 7 Section 2 of the Kobe City School Expense Subsidy Regulations, in the event that I am late in making payments collected by the school, I grant the school principal the ability to request and receive subsidies on my behalf (this excludes subsidies for medical expenses and school lunch expenses). Additionally, in accordance with Article 7 Section 3 of the Kobe City School Expense Subsidy Regulations, I grant the school principal the ability to request and receive subsidy payments for school lunches on my behalf.

Moreover, in accordance with Article 7 Section 2 Number 4 and Article 11 Section 2 of the Private Information Protection Ordinance, I consent to the collection of my Basic Resident Register, school-age register, social welfare status, childcare allowance status information, and information relating to my entire family's income. Further, in the event that the contents of the application form are found to be untrue or inaccurate, I hereby agree to repay all school expense subsidies received from the beginning of the school year onward.

Note: Those who do not agree to information being collected about all members of their family should draw a double line through the section about "information relating to my entire family's income".

(All members of your family who are 18 years and older are required to submit an income certificate for FY 2022: January 1, 2021–December 31, 2021).

1 Please fill out the following information about the applicant.

Applicant Note: The applicant must be the "guardian" registered for the student at the ward office/school.	Furigana Name	(Signature)	Date Completed	Year: _____	Month: _____	Day: _____
	Date of birth: Taisho/Showa/Heisei/Gregorian (Year) (Month) (Day)		Telephone No.	—	—	

2 Please fill in your address. This address will be used to send information about your screening results and notifications regarding subsidy payments.

Note: If the applicant and child's address differs due to the applicant being away on a company assignment etc. please fill in the child's address.

Address	Postal code _____	Ward, Kobe City _____
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3 Please fill in the child's information, as well as information about all individuals in the same household, and anyone who lives apart from you whose livelihood falls under the same household (due to being away on a company assignment etc.)

Note: If there are not enough columns, photocopy this form and continue filling in the information on the second page.

Name	Date of Birth	School Name (Elementary/Middle School Only)
Furigana Name	Taisho/Showa Heisei/Reiwa Gregorian Year Month Day	School Year
Furigana Name	Taisho/Showa Heisei/Reiwa Gregorian Year Month Day	School Year
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Furigana Name	Taisho/Showa Heisei/Reiwa Gregorian Year Month Day	School Year

4 Please write your bank account information to receive subsidy payments.

Note: If the account holder differs with the applicant, we will assume that the applicant has specified the account holder to be the subsidy recipient.

Bank Code	Bank/Agricultural coop Credit union/Credit association	Branch code	Branch Field office
		Branch No.	
Type of account	Saving account	Account number	
Name of account holder (Kana)			

5 To guardians of 5 graders (excluding those receiving social public assistance)

The subsidy to cover expenses incurred by guardians for the nature camp activity will be lodged in the account used for the School Expense Subsidy. However, if expenses to be paid to the school are in arrears, the school principal will take charge of receiving the School Expense Subsidy. If you do not agree to the bank account transfer, please circle 'Do not agree' below.

Do not agree (After the nature camp activity, a separate bank account transfer application will be required.)

登録: /	不備: /	:	/	認定:
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