

学No.		No.	
------	--	-----	--

受 付	教・学・郵	令和	年	月	日
-----	-------	----	---	---	---

Application period ①April certification : April,6,2026 (Mon) ~ May,8,2026 (Fri) ②Approved from application month : May,9,2026 (Sat) ~ February,26,2027 (Fri)
--

Financial Assistance for School Expenses Application				
就学援助申請書（英語版）				
(あて先) 座間市教育委員会教育長				
Today , , (Y/M/D)				
Applicant Address Zama City				
(Parent) Name				
Home phone number Mobile number				
I hereby apply for school assistance as follows.				
I delegate all authority concerning the receipt and reimbursement of school assistance funds to the principals of the schools attended by the following elementary and junior high school students for expenses such as school supplies and school excursions. Additionally, I delegate authority over school lunch fees to the Mayor. Furthermore, I consent to the Superintendent of Education verifying the resident registration records and taxation data of all household members in connection with the certification process.				
Name of elementary/junior high school student	Relationship	Date of birth (Y/M/D)	School name	Grade—Class
		. .		—
		. .		—
		. .		—
		. .		—
Names of household members other than the above	Relationship	Date of birth (Y/M/D)	Occupation/place of work/school/grade	
	Applicant	. .		
		. .		
		. .		
		. .		
		. .		

Please attach here.

【Dwelling】 Please mark ☑ and ○

☐ Owned house

【Mine・Family・Others' ()】

☐ Rent

【Rented house・Apartment・Others ()】

【Rent】 ※Excludes management fee and parking fee.

Contract holder ()

Monthly fee () yen

※Please attach a copy of the contract, etc.

Situation of the previous year
※enclose in a ○.

School
Expenses
Application

Yes ・ No

Welfare

Yes ・ No

If the grant of the tuition assistance fee is decided, it will be transferred to the following bank account.

We cannot transfer if there is an error in the transfer account.

Transfer account

Bank name		Branch name	
(Furigana)		Kinds	Branch number
Account holder		Normal	Account number (7 digits)

Please attach a copy of your passbook here.

Please paste a copy of the first page of the passbook here.

※Please check if the bank branch name, account number, and name column are written.

※ こちらは就学援助の申請書（英語版）です。

座間市教育委員会 就学支援課 就学支援係 電話 046-252-8739