Form 1 — 1

(新規・継続)

(Please include your Family Register, Proof of Power of Attorney, Letter of Consent, and Bank Transfer Request Form)

中No.		

				ı			e fill in all					
То	the Matsue City Board of Education	Date sub	mitted:	Y	ear	Month	1	Day				
Ad pu	pply for the financial aid funding as follows Iditionally, I acknowledge that I am not appl rpose as the Enrollment Reserve Fund fror vill not object if my certification is cancelet	Address:	Matsue	•								
fa	sehoods in the items entered below. Furth	ermore, if I receive ce	Applicant	t (Guardia	n / Delegat	e)						
de	rerdue on a school collection fee, I do not collegated to the school principal and the ove	Name		(If signed pe	ersonally,	a seal is not re		Seal				
Ed	or the purpose of this certification, I conser ducation Superintendent will validate the ta	xation information and	status of		Phone	Home:						
re	ceiving child support allowances, etc. of me		-		number Relation to	Cell:				Living O	utside	
<u> </u>	Name	Date o			Child(ren)		ne · School Y			of Matsue January 1,		
<u>%</u> Fο	r students that are rising 1st or 7th year	ars, please write the	eir into in sec	ction (1		re in any ot	Flam	1	section (2).		_	
licant		Year	Month	Day	Child		JH Scho	nol	th Year	L		
Student Applicant	Furigana	Year	Month	Day	Child		Elem JH Scho	nol	st Year th Year			
© g	Furigana	Year	Month	Day	Child		Elem JH Scho	വ	st Year 'th Year]	
ant (Other Years)	Furigana	Year	Month	Day	Child		Elem JH	ool	Year]	
(2)Student Applicant (Other than Rising 1st Years)	Furigana	Year	Month	Day	Child		Elem JH Scho	ool	Year			
Stude	Furigana	Year	Month	Day	Child		Elem JH	ool	Year		<u>] </u>	
SIG	Applicant (Guardian and Authorized Party)	Year	Month	Day]	
Other Family Members	Additional applicants	Year	Month	Day]	
amily I		Year	Month	Day]	
ther F		Year	Month	Day]	
0		Year		Day]	
Ĺ	Even if your registered residence is differ house together, people living in the same			•			•		_	in the sa	ame	
	↓Please mark the applicable ite☐ 1 Livelihood Protection S		nned		Documer None	nts to attac	ch					
	(Y M D Su	spended · Stoppe	•									
on	2 Exempt from Municipal3 Municipal Tax Reductio		•••	must however su	bmit a tax declara	City of Matsue as o	their prior	address)	· / (Car			
Reason for Application	☐ 3 Municipal Tax Reductio☐ 4 Sole Proprietorship Tax		••••				of Prefectu on Deducti		инстрат та	x (Cop	Ју)	
ldd	5 Property Tax Reduction		••••	Notice of	Decision	on Deducti						
or A	6 National Pension Premium R		ore ····	•••	Payment Deferm		oval Notice (Copy)					
on fe	National Health Insurance Pr		••••				the National Health			۸		
asc	National Health Insurance Pi 8 Receiving Child Rearing				on Paymer			<u>') </u>				
Ϋ́		 8 Receiving Child Rearing Allowance 9 Receiving Livelihood Support Loans Certificate of Child Rearing Allowance (Copy) Notice of Decision on Livelihood Support Loans (
	10 Other (please explain ir	the space below	v)		(Persons living o	utside of the City	ng to the sit of Matsue as of Janu ificate from their price	uary 1, 202	3,			
ď	☐ I have entered into a contract v	vith an internet prov	repared a	home envir	onment whe	re onli	ne learning	is poss	ible.			
Internet Service Contract	Contract Commencemer	nt Date (if the contr	_	efore .		2026, then	please write	"April	1st, <mark>2026</mark> " i	n the		
rnet Serv Contract			YY	N	IM [)D						
nter		nere are no errors in	your applicat	tion, yo	u may be a	sked to sub	mit a copy of	the con	tract or othe	r docum	nents.	
_	☐ I have not entered into a contra											

scount Deposit	Financial Institution								Bank •Credit Union					Br	anch	Accou	nt type
		Institution Code ())	Agri Co-op •Other	Branch Code()				General	Checking	
Ac for [Account Number								Account Holder (Write in Katakana)								
**When you submit this application, attach a copy of your bank book that displays the necessary information.								-	, 🗆								

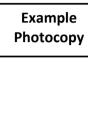
Avviicit you submit this approachon, account a copy of your balls book that displays the necessary information.

【School Use】 □ 振込口座情報確認済

XIIf you use Japan Post Bank, please fill in the branch name, account type and account number for the transfer.

Please attach a photocopy of the passbook confirming your account details (financial institution name, branch name, account type, account number, account holder name in **Katakana**)

With Japan Post Bank, transfers cannot be made with only the account number, so please be sure to write your account info in full.





様

松江松太郎

普通預金通帳

(3)



- 1 Financial Institution Name
- (2) Branch Name/Number
- 3 Account Type
- (4) Account Number
- (5) Account Holder Name

Please make sure each of these parts are copied.

※For Japan Post Bank※

記号 番号 11960 01234561

X Not used for transfers.

おなまえ マツエ マツタロウ 様

おところ (郵便番号 690-8540)

島根県松江市末次町86番地

株式会社 ゆうちょ銀行

第四別館 301号室

(金融機関コード:9900)

<Branch Name, Account Type, Account Number for transfers>

☆Please use this information for financial aid transfers.

この口座を他金融機関からの振込の受取口座として利用される際は 次の内容をご指定ください

【店名】一九八(読み イチキュウハチ)

【店番】198【預金種目】普通預金【口座番号】0123456