

2026 Application for Financial Assistance for Schoolchildren

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

Please fill in all items inside the bold line.

To the Matsue City Board of Education Superintendent				Date submitted: Year Month Day				
<p>I apply for the financial aid funding as follows. Additionally, I acknowledge that I am not applying for funding that serves that same purpose as the Enrollment Reserve Fund from other municipalities at the same time. I will not object if my certification is canceled because there are found to be falsehoods in the items entered below. Furthermore, if I receive certification and am overdue on a school collection fee, I do not object to the financial aid being delegated to the school principal and the overdue amount being taken from the aid. For the purpose of this certification, I consent that the Matsue City Board of Education Superintendent will validate the taxation information and status of receiving child support allowances, etc. of me and all members of my household.</p>				Address: Matsue City,				
				Applicant (Guardian / Deleagate)				
				Name			Seal	
				(If signed personally, a seal is not required)				
Phone number				Home:		Cell:		
Name		Date of Birth		Relation to Child(ren)	School Name · School Year / Occupation		Living Outside of Matsue as of January 1, 2025	
※For students that are rising 1st or 7th years, please write their info in section ①. If they are in any other year, please use section ②.								
① Student Applicant (Rising 1st Years)	Furigana	Year	Month	Day	Child	Elem JH School	1st Year 7th Year	<input type="checkbox"/>
	Furigana	Year	Month	Day	Child	Elem JH School	1st Year 7th Year	<input type="checkbox"/>
	Furigana	Year	Month	Day	Child	Elem JH School	1st Year 7th Year	<input type="checkbox"/>
② Student Applicant (Other than Rising 1st Years)	Furigana	Year	Month	Day	Child	Elem JH School	Year	<input type="checkbox"/>
	Furigana	Year	Month	Day	Child	Elem JH School	Year	<input type="checkbox"/>
	Furigana	Year	Month	Day	Child	Elem JH School	Year	<input type="checkbox"/>
Other Family Members	Applicant (Guardian and Authorized Party)		Year	Month	Day			<input type="checkbox"/>
	Additional applicants		Year	Month	Day			<input type="checkbox"/>
			Year	Month	Day			<input type="checkbox"/>
			Year	Month	Day			<input type="checkbox"/>
			Year	Month	Day			<input type="checkbox"/>
<p>Even if your registered residence is different from your family's (because of a job transfer, etc.), or if there are multiple household heads living in the same house together, people living in the same house together will be regarded as one household and have their income calculated together.</p>								
Reason for Application	Please mark the applicable items				Documents to attach			
	<input type="checkbox"/> 1 Livelihood Protection Suspended or Stopped (Y M D Suspended·Stopped)				None			
	<input type="checkbox"/> 2 Exempt from Municipal Taxes				None (persons living outside of the City of Matsue as of January 1, 2025, must however submit a tax declaration certificate from their prior address)			
	<input type="checkbox"/> 3 Municipal Tax Reduction				"Notice of Change of Prefectural/Municipal Tax" (Copy)			
	<input type="checkbox"/> 4 Sole Proprietorship Tax Reduction				Notice of Decision on Deduction			
	<input type="checkbox"/> 5 Property Tax Reduction				Notice of Decision on Deduction			
	<input type="checkbox"/> 6 National Pension Premium Reduced by half or more				Nationwide Pension Insurance Premium Exemption / Payment Deferral Request Approval Notice (Copy)			
	<input type="checkbox"/> 7 National Health Insurance Premium Reduction				Notice of Decision on Deduction of the National Health Insurance Premium (Copy)			
	<input type="checkbox"/> 7 National Health Insurance Premium Payment Deferral				Notice of Decision on Payment Deferral (Copy)			
	<input type="checkbox"/> 8 Receiving Child Rearing Allowance				Certificate of Child Rearing Allowance (Copy)			
<input type="checkbox"/> 9 Receiving Livelihood Support Loans				Notice of Decision on Livelihood Support Loans (Copy)				
<input type="checkbox"/> 10 Other (please explain in the space below)				Certificate pertaining to the situation (Persons living outside of the City of Matsue as of January 1, 2023, must submit a tax declaration certificate from their prior address)				
Internet Service Contract	<input type="checkbox"/> I have entered into a contract with an internet provider, and I have prepared a home environment where online learning is possible.							
	<p>Contract Commencement Date (if the contract began before April 1st, 2026, then please write "April 1st, 2026" in the space below)</p> <p>YY MM DD</p> <p>※ In order to confirm that there are no errors in your application, you may be asked to submit a copy of the contract or other documents.</p> <p><input type="checkbox"/> I have not entered into a contract with an internet provider, or I do not wish to receive the subsidy for setting up internet.</p>							

※ Write your bank account's details on the back of this application, or submit a printed copy of the section that displays those details.

Account for Deposit	Financial Institution	Institution Code ()		Bank・Credit Union Agri Co-op・Other	Branch Code ()		Branch	Account type	
	Account Number			Account Holder (Write in Katakana)			General	Checking	

※When you submit this application, attach a copy of your bank book that displays the necessary information.

【School Use】 ☐ 振込口座情報確認済

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

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

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**)

**Example
Photocopy**

② 店 番 1 2 3	④ 口座番号 0 1 2 3 4 5 6	① まつえ銀行
松 江 松 太 郎 様		
③ 普通預金通帳		

お 名 前 マツエ マッタロウ 様	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 1 1 9 6 0 0 1 2 3 4 5 6 1	✕ Not used for transfers.
おなまえ マツエ マッタロウ 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