

Mayor of Ichikawa City

2023(year)年 4(month)月 3(day)日

applicant (School lunch fee burdened person)	address	〒272-0001(postal code) <b>市川市八幡1-1-1</b>							
	name in japanese	<b>ジョン スミス</b>							
	parent name	<b>John Smith</b> <small>※Please <b>handwrite</b> in own language (Kanji or English alphabet)</small>							
	family relationship	<b>父</b>							
	telephone number	<b>090-9999-1111</b>							
your child	school name	<b>市川市立八幡小学校</b>			<b>5</b> 年(grade)		<b>1</b> 組(class)		
	name in japanese	<b>ジョナサン スミス</b>							
	child's name	<b>Jonathan Smith</b>							
	child's birthday	<b>2012</b> (year)年		<b>5</b> (month)月		<b>1</b> (day)日			
	通知書番号	9桁							

In accordance with the regulations of “市川市学校給食の実施及び学校給食費の管理に関する条例施行規則第4条第1項”, I sign up for the following.

※Please circle the number

Apply for school lunch	<b>1</b>	Apply for school lunch (Desired start date of school lunch <b>2023</b> (year)年 <b>4</b> (month)月 <b>3</b> (day)日)
	2	Don't apply for school lunch

※Please circle the number

1 When apply for school lunch	2 When don't apply for school lunch Reasons for not applying for school lunch		
school lunch menu	1	because of food allergies	学校給食を申し込まない理由
<b>1</b>	2	for religion, etc	
2	3	for going to an international school, etc.	
3	4	others ( )	
Resident Tax Confirmation Consent Form		【remarks】	
I consent to Ichikawa City confirming the resident information, household status, and support status of myself (applicant) and members of the household to which I belong. I have obtained the consent of the members of my household regarding this matter. In addition, please refund the refund that Ichikawa City should pay to me (applicant) due to overpayment, etc. If the account holder is different from me (applicant), I (applicant) accept that I (applicant) have delegated the right to receive the overpayment to Ichikawa City to the account holder.		If it is difficult for you to attend school due to special circumstances, such as physical or mental health problems, please request school lunches as "apply for school lunch". Depending on the child or student's situation, please submit "様式第2号 学校給食停止・再開届".	
applicant name (parent name sign)			
<b>John Smith</b>			
※Please <b>handwrite</b> in own language (Kanji or English alphabet)			

※If school lunches cannot be provided due to unavoidable reasons (breakdown of school lunch facilities, events, etc.), parents are requested to bring their own packed lunches. Please note that lunch boxes provided by parents are not eligible for free school lunch fees.

**【current student】**

※fill in the current year, the name of the school, the grade, and the class at the time of submission.

<input checked="" type="checkbox"/> current student(在校生)
<input type="checkbox"/> freshman(新小学1年生)
<input type="checkbox"/> transfer student(転入生)
<input type="checkbox"/> others ( )

年度: **4**年度 学校名: 市川市立**八幡小学校** 学年・組: **4**年 **2**組