

令和 8 年度就学援助申請書

Form 1

Financial Aid for School Education

Date: (D)/ (M) /2026

To Board of Education in Etajima City

Applicant

Address

(Guardian's Name)

Tel:

I would like to apply as follows.

I agree to check my private information from my record by Division of Taxation and Civic Life in Etajima City Office,

Reasons for application (Please circle a number)

1. Receiving the livelihood protection benefits.
2. Stopping or finishing the livelihood protection benefits.
3. Tax free for Residence Tax.
4. Reducing or exempting Residence Tax (Inhabitant tax).
5. Reducing or exempting Personal Business Tax.
6. Reducing or exempting Property Tax.
7. Reducing or exempting the National Pension Insurance fee.
8. Reducing, exempting or postponing to collection National Health Insurance Tax.
9. Receiving the child care allowance.
- 10 Having a qualified handbook for a day laborer.
- 11 Other (To write reason)

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*Please attach the documents of proof.

Notice

Please attach family condition report (form2) surely.

Signature of Principle in School	
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