




















Financial Assistance for School Expenses Application (Account Transfer Payment Request) Form


就学援助申請書（兼口座振替依頼書）

To the
Head of Toyota City Board of Education
Toyota City Mayor・School Principal

(Y/M/D) 年 月 日

School name		Toyota City		School		〔Fill in information within bold lines〕																																								
Furigana		Applicant's name <small>※Applicant's signature or print name and put your stamp</small>		 Stamp		Address TOYOTA-SHI																																								
(parent)																																														
Phone number		—		—		Owned house (including family-owned) / Rented house / Rented room / Dormitory																																								
Student	School grade	Name		Date of birth		School grade	Name		Date of birth																																					
	Next year	Furigana		(Y) (M) (D)		Next year	Furigana		(Y) (M) (D)																																					
		grade					grade																																							
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grade		grade																																												
<div>Agreement and authorization of the applicant and household members</div> <div>I would like to apply for Financial Assistance for School Expenses for the following reasons. I hereby consent to the Toyota City Board of Education viewing the Basic Resident Registration of the applicant and household members, the status of receipt of educational assistance based on the Public Assistance Law, and proof pertaining to the citizen's tax taxation status, all of which are necessary for the certification of Financial Assistance for School Expenses. In case I am certified to receive the financial assistance, I acknowledge and agree that payment will be through bank transfer, except in exceptional circumstances. After certification, I give school principal the authority to request, receive, and return the Financial Assistance for School Expenses. ※〔In some cases, such as inability to verify income due to the moving in to Toyota City, etc., you may be required to attach a Certificate of Income issued by the municipal office of your previous address 〕</div>																																														
<div>Reason for application</div> <div>Circle what applies. 1 Receiving Public Assistance [Seikatsu Hogo]. 2 Public Assistance got suspended or cancelled. 3 Facing financial hardship. (Please describe your situation in the field on the right. You may be required to present supportive document.)</div> <div>(If the reason for application is 3, fill in the box.)</div>																																														
<div>Enter names of all household members living in the same address (Exclude child listed above)</div> <table><thead><tr><th>Name(Signature) <small>(Please read what is stated in the agreement above and sign or print your name and put your stamp. ※It can be written on applicant's</small></th><th>Relationship</th><th>Date of Birth</th><th>Occupation (School/grade)</th><th>Remarks</th></tr></thead><tbody><tr><td>Furigana </td><td>(Applicant)</td><td>(Y) (M) (D) 年 月 日</td><td></td><td></td></tr><tr><td>Furigana </td><td></td><td>(Y) (M) (D) 年 月 日</td><td></td><td></td></tr><tr><td>Furigana </td><td></td><td>(Y) (M) (D) 年 月 日</td><td></td><td></td></tr><tr><td>Furigana </td><td></td><td>(Y) (M) (D) 年 月 日</td><td></td><td></td></tr><tr><td>Furigana </td><td></td><td>(Y) (M) (D) 年 月 日</td><td></td><td></td></tr><tr><td>Furigana </td><td></td><td>(Y) (M) (D) 年 月 日</td><td></td><td></td></tr></tbody></table>												Name(Signature) <small>(Please read what is stated in the agreement above and sign or print your name and put your stamp. ※It can be written on applicant's</small>	Relationship	Date of Birth	Occupation (School/grade)	Remarks	Furigana 	(Applicant)	(Y) (M) (D) 年 月 日			Furigana 		(Y) (M) (D) 年 月 日			Furigana 		(Y) (M) (D) 年 月 日			Furigana 		(Y) (M) (D) 年 月 日			Furigana 		(Y) (M) (D) 年 月 日			Furigana 		(Y) (M) (D) 年 月 日		
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I authorize the Board of Education to receive my aid and allocate it toward any any unpaid school fees.
(Y/M/D) 年 月 日

Name of the applicant (Parent/Guardian)

※Applicant's signature or print name and put your stamp

[Same account as the school fee payment is preferred]

振込先口座 Bank account	Bank Credit union JA・WCU	Head office Branch office	普通 Savings acc. [Futsu koza]	口座番号 Account number
	口座名義 (申請者名義に限る) Account holder (must be the same name as the applicant)		Furigana	

JA=農協Japan Agricultural Cooperatives [Nokyo] / WCU=労金Workers' Credit Union [Rodo Kinko]

- ☐ New application → Bank account transfer payment confirmation form (Form No.515)
☐ Account change needed →
☐ No account change

世帯についての民生児童委員の所見 (必要な場合のみ記入) This section to be filled out by a local welfare commissioner

年 月 日 民生委員・児童委員氏名

【学校記入欄】 This section to be filled out by school

就学援助申請書を受理したので、提出します。 年 月 日 豊田市立 学校長
※学校長意見記入欄 (参考意見があれば記入)

【教育委員会記入欄】 This section to be filled out by school

認定	要・準 認定日 年 月 日	変更後 要・準 年 月 日	廃止 年 月 日	却下
	判定区分	認定理由	入力日	

Financial Assistance for School Expenses Application (Account Transfer Payment Request) Form

Sample

就学援助申請書 (兼口座振替依頼書)

Date of submission to school

(Y/M/D)

年 月 日

Head of Toyota City Board of Education

Toyota City Director for Account Management

School Principal

Must be the same name as the account holder
(on the back of this form)※Applicant's signature or print name and put
your stampYou need to put the stamp unless it is the
applicant's signature.

within bold lines]

School name	Toyota Municipal School		
Furigana	トヨタ ローラ		
Applicant (parent)'s name	※Applicant's signature or print name and put your stamp TOYOTA LAURA (印)		
Phone number	— —		
Owned house (including family-owned) / Rented house / Rented room / Dormitory			

Child - Student	School grade	Name	Date of birth	School grade	Name	Date of birth
	Next year	Furigana トヨタ ノーマン	Heisei	Next year	Furigana	Heisei
1	TOYOTA NORMAN	29(Y) 4(M) 3(D)			(Y) (M) (D)	
grade		(個人コード)	grade		(個人コード)	
Next year	Furigana トヨタ キャンディス	Heisei	Next year	Furigana	Heisei	
4	TOYOTA CANDICE	26(Y) 8(M) 8(D)			(Y) (M) (D)	
grade		(個人コード)	grade		(個人コード)	

For school use

I would like to request Financial Assistance for School Expenses for the reason below. In addition, I agree to give Toyota City Board of Education permission to access mine and my household information in the Basic Resident Registration database, as well as information on qualification for education aid based on Public Assistance Act, and residential taxation records. In case I am granted financial assistance, I acknowledge and agree that payment will be through bank transfer, except in exceptional circumstances. My bank account information is

Next year's school grade

Same person

※[In some cases, such as inability to verify income due to the moving in to Toyota City, etc., you may be required to attach a Certificate of Income issued by the municipal office of your previous address]

Reason for application	Circle what applies.	
	1 Receiving Public Assistance [Seikatsu Hogo]. (Specify if your reason on the left is number 3)	
	2 Public Assistance got suspended or cancelled.	
	3 Facing financial hardship. (Please describe your situation in the field on the right. You may be required to present supportive document.)	

Enter names of all household members living in the same address (Exclude child listed above)	Name	Relationship	Date of Birth	Occupation (School/grade)	Remarks
	Furigana トヨタ ローラ	(Applicant)	S 45年 6月30日		
TOYOTA LAURA (印)	mother				
Furigana コロモ ウィリアム	Grandfather	28年 7月15日			
KOROMO WILLIAM (印)					
Furigana トヨタ ヘーレン	Grandmother				
TOYOTA HELLEN (印)					
Furigana トヨタ ポーラ	Elder sister	年 月 日	〇〇Chugaku 1		
TOYOTA PAULA (印)					
Furigana コロモ ルーイス	Uncle	S 47年 8月 7日			
KOROMO LOUIS (印)					
Furigana		年 月 日			

If student, enter
next year's school
gradePlease have all of your family
members sign the document.
(Grandparents, uncle, aunt, and
others who share the same
residence.)Substitute writer
TOYOTA LAURAIf you were unable to obtain the applicant's
signature, signature of the person who
confirmed applicant's consent or put the
stamp next to the applicant's signature.

I authorize the Board of Education to make necessary adjustments so that financial assistance can be paid for school expenses, in default of payment.

Must be dated the same date as application

(Y/M/D) 年 月 日

Name of the applicant (Parent/Guardian)

TOYOTA LAURA

(印)

※Applicant's signature or print name and put your stamp

振込先口座 Bank account	B Head office ○○ SB JA WCU Branch office	普通 Savings acc. [Futsu koza]	口座番号 Account number 1234567
	口座名義 (申請者名義に限る) Account holder (must be the same name as the applicant)	Furigana トヨタ ローラ	

B=銀行Bank [Ginko] / SB=信金Shinkin Bank [Shinyo Kinko] /
 JA=農協Japan Agricultural Cooperatives [Nokyo] / WCU=労金Workers' Credit Union [Rodo Kinko]

- ☐ New・New first grade → Bank account transfer payment confirmation
☐ Account change needed → form (Form No.515)
☐ No account change

The name must be the same as the applicant's name on the front page.

世帯についての民生児童委員の所見 (必要な場合のみ記入)

THIS SECTION TO BE FILLED OUT BY CHILDREN'S SOCIAL WORKER

年 月 日 民生委員・児童委員氏名

【学校記入欄】

THIS SECTION TO BE FILLED OUT BY SCHOOL

就学援助申請書を受理したので、提出します。 年 月 日 豊田市立 学校長
※学校長意見記入欄 (参考意見があれば記入)

【教育委員会記入欄】

THIS SECTION TO BE FILLED OUT BY SCHOOL

認定	要・準	変更後	廃止	却下
	認定日	要・準		
	年 月 日	年 月 日	年 月 日	
判定区分	認定理由	入力日		

No.515 Bank account transfer payment confirmation form 振込口座確認票

[Fill in information within bold lines]

School name 学校名	Applicant's name 申請者名		
School		学校記入欄	
Child・Student name 児童生徒名	Date of birth 生年月日	個人コード	学校徴収金口座
	(Y) (M) (D)		同じ ・ 異なる
	(Y) (M) (D)		同じ ・ 異なる
	(Y) (M) (D)		同じ ・ 異なる
	(Y) (M) (D)		同じ ・ 異なる

attach a copy of your bank account book 通帳・キャッシュカード等の写しを貼り付けてください

Sample

[Fill in information within bold lines]

School name 学校名	Applicant's name 申請者名			学校記入欄	
〇〇 Elementary School	TOYOTA LAURA				
Child・Student name 児童生徒名	Date of birth 生年月日	個人コード	学校徴収金口座		
TOYOTA CANDICE	2010 (Y) 8 (M) 8(D)		同じ・異なる		
TOYOTA NORMAN	2013 (Y) 4 (M) 3(D)		同じ・異なる		
	(Y) (M) (D)		同じ・異なる		
	(Y) (M) (D)		同じ・異なる		

attach a copy of your bank account book 通帳・キャッシュカード等の写しを貼り付けてください

お客様番号
おなまえ

自 動 支 払											
電 気	ガ ス	水 道	NHK	創 設	地 代	家 賃	保 険	定 額	預 金	共 済	預 金
日	日	日	日	日	日	日	日	日	日	日	日
クレ ジット	電 信							トヨタ	カード	ワイド	バンク
								カード	ローン	カード	
日	日	日	日	日	日	日	日	日	日	日	日

自 動 受 取					
地 代	家 賃				
日	日	日	日	日	日

金融機関番号・店員番号 6582-013

給与、年金、配当金などの自動受取や公共料金の自動支払を
ご利用の場合は、こちらの金融機関番号・店員番号、普通貯金
口座番号をご指定ください。

貯 金 種 類	口 座 番 号	課 税 区 分	マル優限額額	変 更 日	限 度 額
普通 一般		分 離	千円	年 月 日	千円

通帳発行日
通帳発行回数 1回お取引店 あいち豊田農業協同組合
本店
電話番号 0565-31-9873
通帳発行店 本店印紙税法第5条の
適用により非課税