Application for School Expenses Subsidies, 2025-26 Academic Year To: Higas Please fill in the name(s) and If you need to make a correction, do not How to complete correction tape. Do not use erasable pens. furigana of the child/children for whom the application is being I wish to ies, as follows. I enclose documentation as appropriate. Furigana Grade Sex Date of birth School name Child's name ヒガシ ヒロシ Higashihirosima Municipal M 4 F Day 5 Month 5 Year 2015 Higashihiroshima Elementary School Higashi Hiroshi ヒガシ Higashihirosima Municipal 6 M **(**F Day 5 Month 5 Year 2013 Higashihiroshima Elementary School Higash Shima Higashihiro  $M \cdot F$ Dav Month Year Please give details of all members of the same household. • Please usehold, including yourself and any other parent/guardian. Relationship Type of accommodation Name Date of birth Occupation Notes Higashihiroshima Household circumstances Child Higashi Hiroshi 1. Own house Day 5 Month 5 Year 2015 Elementary School (Includhing Higashihiroshima Please circle one Child Higash Shima Day 5 Month 5 Year 2013 accommodation Elementary School of the options. owned by the family Father Self-employed If you are living in Higashi Gaku Day 5 Month 5 Year 1989 rented 2)Rented Mother Higashi Kotomi Day 5 Month 5 Year 1984 Self-employed accommodation, (Including public Higashihiroshima be sure to write Sister accommodation) Higashi Kyoko Day 5 Month 5 Year 2020 **Nursery School** the monthly rent. Monthly rent Month 60,000 Yen Please be sure to complete this section. Please circle one of the options. 1 Welfare payments ( Not receiving - Receiving - Suspended - Applying ) · Please circle all of the following reasons that apply Reason for application Please circle all the reasons that apply. Exempted from Municipal Tax 3 Fully or partially exempted from Municipal Tax 5 Exempted from paying premiums 6 Fully or partially 4 Fully or partially exempted from Fixed Assets Tax exempted from paying for the National Pension Program premiums for the Receiving Child-rearing Allowance Please fill out only if there are Other reasons relating to financial circumstances special circumstances. %Please fill in the details if there are any special circumstances, such as a sudden d affected by a disaster. The head of the household was fired due to company reasons Consent, In the event that a review of my application is necessary, I consent to enquiries being made to relevant institutions and to public records being examined, in order that details of my application may be confirmed. If my application for school expenses subsidies is accepted, I give consent to Mayor of Higashihiroshima and the Principal of Higashihiroshima Municipal Higashihirosima elementary School being responsible on my Proxy, Applicant behalf for all paperwork and administration relating to the claiming for or receipt for the 2025-26 academic year. Also, if I fall into arrears with payments collected Please do not forget to fill in the Principal of the school noted above being responsible on my behalf for all rel your name and address. administration, according to the regulations set out in Article 8 of the Higashihiroshima Month Date: Day Year Address: 3-301, 8-29 Saijo Sakae-machi Higashihiroshima City Please ensure that you fill in Name of parent/guardian: Higashi Manabu the date of application. Opinion of school principal

 学校
 学校名と校長名の記入、

 東広島市立 〇〇〇学校 Higashihiroshima Municipal
 学校長 公印押印は必須です。

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