

**Example**

(Submission) Parents→School→Board of Education

For children attending kindergarten, elementary, or junior high school

Form 2

Reiwa ○(year) / ○(month) / ○(day)

Application for Reduction of Higashiroshima City School Meal Fees  
Because of Food Allergies, Etc.

To the Mayor, Higashiroshima City

Parent/Guardian 〒739-8601

(Person responsible for payments)

Address Saijo Sakae-machi ○-○, Higashiroshima City

Furigana さいじょう たろう

Name Saijo Taro

Seal (印)

Tel. (Home Mobile Other ( ))

090-1111-2222

According to the stipulations of Item 3, Clause 9 of the Ordinance Relating to the Collection of Fees for Higashiroshima City School Meals, I hereby apply (new / renewal) for a reduction in fees as follows, because of my child's food allergy, etc..

Details of the child receiving school meals	School	Higashiroshima Municipal Saijo	Elementary School Junior High School Kindergarten	Grade	Year <input checked="" type="checkbox"/> Middle year Highest year	
	Date of Birth	Heisei · Reiwa ○○ (year) ○ (month) ○ (year)				
	Furigana	さいじょう じろう		Sex		
	Name	Saijo Jiro		<input checked="" type="checkbox"/> M · F		
	Date of start of reduction	From Reiwa (year) (month) (date)				
	◆ Please circle the following as appropriate (multiple selections are OK) to indicate the type of food in the school meal to which the reduction applies.					
<input checked="" type="checkbox"/> 1. Removal of the following food(s) (tick as appropriate) ※ Multiple selections are OK. <input checked="" type="checkbox"/> Drinking milk <input checked="" type="checkbox"/> Bread <input type="checkbox"/> Rice			2. Provision of drinking milk only (The child brings a packed lunch to school)			
◆ Please circle the reason for the reduction:						
1 <input checked="" type="checkbox"/> Food allergy		2 Other ( )				

【備考】

- This application form is for parents/guardians of children who need to have drinking milk or the main part of the meal (bread or rice) reduced.
- For parents/guardians who only require drinking milk to be reduced, please check the box for "Provision of drinking milk only".
- Please fill in one copy of this form individually for each child.

If there is a reason other than food allergy (lactose intolerance, etc.), please give details here.

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meals.

- Please submit this form five days (not including Saturdays or Sundays) before you wish the reduction in fees to begin.
- Regarding specific measures to be taken related to food allergies, lactose intolerance, or because of religious reasons, etc., please discuss matters with the child's school, and decide on the course of action before submitting this application.
- This application needs to be renewed (re-submitted) each school year.