2025 Application for School Financial Assistance

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Applicant (Guardian)	Katakana				≪Relation≫	Phone nu	mber:	()	
	Name				Father Mother Other ()	Address:				
	Date of birth: YY MM DD				≪Marital status≫ Yes ・ No	As of Jan. 1, <u>2024</u> I was registered in ①Toshima City ② Other ※(Not <u>2025</u>) ※Applicants in "② Other" may be required to provide proof of income. See 2-(2) of back page.				
Child	Katakana				I			_	e of Admission Notice)	
									Elementary School	
	Name					©Other school than above				
						Public National Toritsu				
	Date of birth	: YY	MM DE)					Elementary School	
Family member	Circle eithe	Circle either ① or ②								
	(1) The composition of households living together is : (1) As shown on residence certificate (2) Different from residence certificate									
	 *Even if family members temporarily live at different addresses, <u>if they share the same livelihood (living expenses, etc.)</u>, they are considered part of the same household. In the case of a married couple if one spouse lives separately from the other, for example, because he/she works solo assignment or is a caregiver for a parent, they are generally considered to be in the same household. (2) If you circle (2) in above (1), indicate below who lives in a separate household 									
Far	Name Relation			Date of birth Address						
					Date o	f birth		-	Address	
					YY	f birth MM DD		F	Address	
								F	Address	
					YY	MM DD		F	Address	
	Bank Cod	e Nam	e <u>%Be sur</u>		YY YY	MM DD MM DD MM DD	Branch code		Address	
k	Bank Cod	e Nam	e <u>XBe sur</u>		YY YY YY	MM DD MM DD MM DD	Branch code			
Bank	Bank Cod		e <mark>%Be sur</mark> Account No.	e to attach a c	YY YY YY copy of your ba	MM DD MM DD MM DD ank book	Branch code			
Bank				e to attach a c	YY YY YY copy of your ba	MM DD MM DD MM DD ank book			Name of Branch	
Bank	Deposit type Savings Checking		Account No.	e to attach a c	YY YY YY copy of your ba	MM DD MM DD MM DD ank book	holder (in Kat	akana))	Name of Branch	
Bank	Deposit type Savings Checking Circle the nu	e	Account No.	e to attach a c	YY YY YY copy of your ba Name	MM DD MM DD MM DD ank book of account	holder (in Kat	akana)) ed. (See ba	Name of Branch	
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Reason Bank	Deposit type Savings Checking Circle the nu (1) Exempt f (3) Exempt f (5) Within th	e umber of your from city tax, r	Account No.	e to attach a c e to attach a c For 1 ~ 5 c or individua	YY YY YY YY Sopy of your ba Name Some doc	MM DD MM DD MM DD ank book of account	holder (in Kat uld be attach axable (2	akana)) ed. (See ba Receivin allowand	Name of Branch	
	Deposit type Savings Checking Circle the nu (1) Exempt f (3) Exempt f (5) Within th	e umber of your from city tax, r rom national p e range of cer	Account No.	e to attach a c e to attach a c For 1 ~ 5 c or individua	YY YY YY YY Sopy of your ba Name Some doc	MM DD MM DD MM DD ank book of account	holder (in Kat uld be attach axable (2	akana)) ed. (See ba Receivin allowand	Name of Branch	
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\ll Documents to attach \gg

Please confirm the following information and submit with your application.

1. All of applicants

- Copy of your bank book
 - Copy should show <u>bank name</u>, <u>branch name of bank</u>, <u>name of account holder (in Katakana)</u> and <u>account number</u>.
 - % If you have not been issued a bankbook, please attach a copy of your cash card or web bankbook confirming the account information listed above.

2. Documents to be attached by the reason for the application. (Applicable person only) Confirm the reason for your application and submit the required documents.

Number	Reason	Required document			
	Exempt or non-taxable from city	 Reiwa 6 city tax exemption certificate 			
1	tax	(original only)※			
		%See (1) & (2) below for details			
	Reduction from real-estate or	 Copy of reduction notice 			
	individual enterprise tax				
	Receiving childrearing allowance	 Copy of <u>child rearing allowance</u> certificate 			
2		It is for single-parent family and is not			
		child allowance.			
3	Reduction from national pension	 Copy of national pension premium 			
3		reduction notice			
	Reduction from national health	 Copy of reduction notice 			
	insurance				
4	Receiving loan of life welfare	Copy of notice of life welfare funds loan			
	funds				
(5)	Household income is below the	• See (1) & (2) below.			
	standard amount				

- (1) If you were Toshima resident as of January 1, 2024
 - ◎ You do not have to attach your tax report.
 - · If you have not yet declared your resident tax, please do so at the City Tax Section of the City Office.
 - •The School Financial Assistance verification will require <u>income information for all members</u> <u>of</u> <u>the same household in 2023.</u> (<u>Xincluding those who live in separate households but share the</u> <u>same livelihood</u>)
 - If even one member's income status cannot be verified, the application cannot be reviewed and will be rejected.

(2) If you were not Toshima resident as of January 1, 2024

©Please attach one of the following documents.

- Reiwa 6 taxation or tax exemption certificate (original)
 - It can be obtained in the municipality where the resident is registered as of January 1, 2024.
- Reiwa 5 income-tax return (a copy acceptable)
 - It should be with receipt mark of tax office or acknowledgement of electronic filing.

3. [Note]

- (1) This application form is for the first grade elementary student, not for the first grade junior high student.
- (2) This is 2024 application form. If you want to apply for 2025 SFA, you need to apply for 2025 in April 2025.

(2025 application forms will be distributed after April at Toshima public elementary and junior High schools and also at the Board of Education of Toshima City Office.)

(3) Please understand that your application may not be approved if the required documents are not attached.