

**Application Form for School Financial Assistance (Fiscal Year 2026) (Proxy Authorization and Bank Transfer Request Form)**

Address	(〒 - )			TEL (Home)			Financial Institution for Bank Transfer	
				TEL (Mobile)			Bank	
Guardian Name	(Furigana)	Relationship	Date of Birth	Occupation / School / Grade	No entry required by the applicant		Credit Union	
			. .				Agricultural Cooperative (JA)	
Child(ren) Enrolled in Regular Classes at Public Elementary/Junior Student Name	(Furigana)		. .	Elementary School / Grade Junior High School	Yes		Branch Name	
	(Furigana)		. .	Elementary School / Grade Junior High School	Yes		Branch	
	(Furigana)		. .	Elementary School / Grade Junior High School	Yes		Account Type	Branch Code
	(Furigana)		. .	Elementary School / Grade Junior High School	Yes		Ordinary / Checking	
	(Furigana)		. .	Elementary School / Grade Junior High School	Yes		Account Number	
Other Household Members Name	(Furigana)		. .		Yes		Please right-align the numbers.	
	(Furigana)		. .		Yes		Account Holder Name	
	(Furigana)		. .		Yes		Please enter the name in Katakana.	
	(Furigana)		. .		Yes			
	(Furigana)		. .		Yes			

※ We recommend using the bank account that you have already registered with the school (for textbook and material fees, etc.).  
 ※ If you are using Japan Post Bank (Yucho Bank), please provide the account information designated for bank transfers.

教育委員会使用欄	
世帯番号	
適用月	
受付	入力
審査	住
氏名	住所世帯員 <input type="checkbox"/>
児	税
氏名有効期限 <input type="checkbox"/>	全世帯員 <input type="checkbox"/>
備考	

Housing Type ※Circle one.	1 . Owned
	2 . Rented → Applicants selecting reason "C" must attach a copy of the rental agreement. If no document is attached, assessment will be made without applying rent deduction, the same as for owned homes.
Reason for Application	A. Currently receiving Public Assistance B. Receiving Child Rearing Allowance C. Not applicable to A or B, but financial assistance is needed

**Application Statement to the Tachikawa City Board of Education** I hereby apply for School Financial Assistance and, upon agreeing to the terms below, submit the required documents:

- I authorize the principal of my child's school to act on my behalf in all matters related to the claiming and receiving of School Financial Assistance (excluding school lunch fees), and I authorize the section manager of the Board of Education to process all administrative procedures.
- With regard to school lunch fees, I authorize the Board of Education to manage all matters related to their claiming and receipt.
- I consent to the disclosure of application-related information to relevant municipal departments.
- I consent to the School Financial Assistance being deposited into the bank account indicated above.
- If there are any amounts to be collected from me by the school, I consent to the necessary deductions being made from the assistance, with the remaining balance paid to me through the principal.
- I consent to the Board of Education conducting any necessary review of public records or related departmental data regarding my household's taxation status (income) for the purpose of determining eligibility.
- If my household moves into or out of Tachikawa City, I consent to the sharing of information related to School Financial Assistance with the Board of Education of the municipality to which I relocate.

Date (YYYY/MM/DD): \_\_\_\_\_ Guardian Name \_\_\_\_\_ Seal \_\_\_\_\_ If the form is signed by the applicant, a seal is not required.

Receipt for School Financial Assistance Application — FY 2026

Guardian Name \_\_\_\_\_ To \_\_\_\_\_

Section for Required Attachments

Please use the entire back side of this page.

Principal's Remarks  
(Not usually required. Fill in only when necessary.)

Date (YYYY/MM/DD):

School Name:

Principal:

Seal