

School lunch application form (for students)

To the Mayor of Yokkaichi

Year Month Day

I hereby apply for the provision of school lunches for the student-written below while he/she is enrolled in elementary and junior high school in Yokkaichi City.



Applicant (Parents/ Guardians)	Katakana				Relationships from the perspective of children		
	Full name						
	Address * Please write the address on your resident card	Postal code 〒					
	Address to send documents	<input type="checkbox"/> The above address	* Please check one. If you would like to send it to an address other than the address above, please check "Other" and write the address.				
		<input type="checkbox"/> Others					
		Katakana				Relationships from the perspective of children	
		Full name					
	Address	Postal code 〒					
Contact detail	phone number						
	email address						
The person who receives the meal (students)	Katakana				Birth date	Year Month Day	
	Full name						
	School name	School			<input type="checkbox"/> 1st grader (Before entering elementary school)		
					<input type="checkbox"/> Grade sec.		

- Please submit this application form for each child/student.
- This application form is valid from the date of submission until the child/student is enrolled in Yokkaichi city elementary school or junior high school.
- If the child/student has any food allergies, please be sure to consult with the school.
- When sending the documents related to school lunch fees (notice of determination of school lunch fees, payment notices, reminders, etc.), they will be sent to the address of the resident's card of the guardian of the same household as the child student.

If you want to have the documents sent to a location other than the address on your resident card, please be sure to fill in the "Address to send documents" section above.

- By submitting this notification, I agree that personal information (including school subsidy, etc.) held by Yokkaichi City and the Yokkaichi City Board of Education will be provided to the Yokkaichi City School Meal Division within the scope of the school meal program.

Furthermore, in case that school meal fees are overdue, I agree that my personal information will be investigated and shared among relevant organizations to the extent necessary to collect the debt, and that Yokkaichi City officials may call or visit my home or workplace, inquire about my salary at my workplace, and investigate assets with financial institutions and take other measures to claim the payments, such as asset seizure.

For online submission, please access using the QR code on the right.		For instructions on how to submit online, please check the QR code on the right.	
* For inquiries regarding online submission, please contact the School Education Division, Health and Meal Section, Tel: 059-354-8252			

(学校記入欄) (For School Use Only)	喫食開始日	年 月 日	*年度当初から喫食する 場合は不要です。
----------------------------------	-------	-------------	-------------------------