Notification of Changes to School Meals (for students)

To the Mayor of Yokkaichi City

			Year	Month	Day	
		Ŧ	=			
	Addre	ess				
	Kataka	ına:				
	Guardi	ian:				
	Tel	:				
As there ha	as been a change regarding the provision of school meal	ls, I here	by submit the	notification as f	ollows:	
Student who will receive school meals	School name			Grade	Cla	ass
	Katakana					
	Full name					
	Date of birth					
	Please check the applicable items listed below and fill	in	(学校記入欄)		
	the necessary information.		(For School Use Only)			
	Termination of school meal provision (due to transfer to a private school or a school outside the city)	貞	最終喫食日	年	月	日
	☐ Suspension of school meal provision	占	最終喫食日	年	月	日
	(if a child misses meals for 10 or more consecutive day	rs)	及於汉及日	'	71	H
	☐ Recommencement of school meal provision	糸	合食再開日	年	月	日
	☐ Various changes	占	最終喫食日	年	月	日
	Change of school (transfer to an elementary or junior high school within the city) (School Grade Class		転校先の 契食開始日	年	月	日
	☐ Change of mailing address					
	()	変更事由 発生日	年	月	日
	Other changes:)				
 School i 	omplete this form for each child/student and submit it to meal provision will be suspended if a child misses meals a such as Saturdaya, Sundaya, and public holidaya)			cutive days (exc	luding s	chool

- holidays such as Saturdays, Sundays, and public holidays).

 In case that school lunch provision is terminated or suspended, school meal fees will be suspended from the fourth counting from the day after the submission date (excluding school holidays such as Saturdays, Sundays, and public holidays), or the day following the last day meals were consumed – which ever is the later.
- · In case that school meal provision is recommenced, school meal fees will be charged from the date meals are resum

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)

変更届受領日

年

日

月