

- ① Use the date that the form was filled in as the date of application.
- ② The parent/guardian's name used for the screening process will be the name which appears on the decision

Free School Lunches for the Third Child Onwards Application Form

1 2026 Y O M O D

To: Mayor of Chiba City

**Sample Application
Form
(FY 2026)**

Applicant	Furigana	チバ タロウ	2
	Parent/Guardian's Name	Chiba Taro	
	Address	〒 123-4567 1-2-3 ○○-cho, ●●Ward, Chiba City	
	Tel	(日中連絡先) 090-1234-5678	
	Email	(Email address optional)	

In accordance with Article 8, Paragraph 3, Item 2 of Chiba City's Ordinance on the provision of school lunches and management of school lunch fees, I hereby apply for an exemption or for a reduction of the school lunch fees for the 2026 fiscal year.

Reason for Application	I have three or more dependent children and my third child (and above) is receiving school lunches at a municipal school in Chiba City (excluding the high school section of a special education school).				
Dependent Children: (Write down the names of all dependent children excluding preschool children at the time of application)					
	Furigana Child's Name (Last Name, First Name)	Date of Birth (Japanese Format)	Current School Name (Refer to ※1 if your child(ren) is attending a municipal school in Chiba City)	Grade	Back-side documents Attached※2
1 st Child	チバ ハナコ Chiba Hanako	H 16 Y 2 M 3 D R		grade	<input checked="" type="checkbox"/>
2 nd Child	チバ イチロウ Chiba Ichiro	H 20 Y 4 M 5 D R		grade	<input checked="" type="checkbox"/>
3 rd Child	チバ ミドリ Chiba Midori	H 24 Y 6 M 7 D R	○○ Junior High School	2 nd grade	<input type="checkbox"/>
4 th Child	チバ ジロウ Chiba Jiro	H 23 Y 12 M 9 D R	○○ Junior High School	1 th grade	<input type="checkbox"/>
5 th Child	3	H Y M D R	4	grade	5

- 3** In the "Name" field, write down the names of your children in order of age, starting with the oldest. Note that it is not necessary to write down information for any children born after April 2nd 2020 and who are not yet enrolled in school.
- 4** Please write down the municipal school in Chiba City which your child is attending (excluding municipal high schools) as of April 2026, as well as their grade (to be filled in at the time of application).
- 5** Please check for all children not attending a municipal elementary or junior high school in Chiba City and check for children

- ※ 1 Excluding Chiba Municipal Chiba High School, Chiba Municipal Inage High School, and Inage International Secondary School (Upper Secondary Course).
- ※ 2 Please check next to each dependent child's name if you have included a copy of the front of their health insurance qualification card. It is not necessary to include copies for children who are already receiving school lunches at a municipal school in Chiba City.
- ※ 3 Children and students who are eligible for the exemption/reduction must be the third or subsequent child and must be receiving school lunches at a municipal school in Chiba City (excluding the high school section of special education schools).

For use by Chiba City. Do not fill in the below fields.

申請書確認	扶養確認	生保受給	就援受給	滞納	減免開始日	備考
□適 □不適	□適 □不適	□有 □無	□有 □無	□有 □無	Y M D	

Do Not Fill In

(continue to the back)

Declaration of Dependent Children and Consent

1 I declare that the children listed on this form are dependent on me. Furthermore, I confirm that I have no outstanding payments for school lunch fees in Chiba City.

2 For the purposes of confirming the application form and attached documents, the members of my households and I consent to the below conditions.

I also confirm that I have received the consent of all members of my household for the following:

- (1) Chiba City can check our information as registered in the Citizen Register such as information regarding social welfare.
- (2) Chiba City can check our taxation status for municipal taxes.
- (3) Chiba City can investigate and check the receipt of any support in regards to the school lunch fee with other related municipalities (in cases where children have transferred to schools from outside the city).

⑥ The signature on the Declaration of Dependent Children and Consent Form **must** be the same as the parent/guardian listed on the front page of the form.

⑥

Applicant's (Parent/Guardian)Signature: *Chiba Taro* (※)

※Ensure that the applicant listed on the front page (parent/guardian) signs this form.

⑦

【Attachment Section for Copies of Documents Confirming Health Insurance Eligibility】

※Please attach a copy of a document confirming the health insurance eligibility of the child listed on the front as a dependent child. However, attaching a copy of a document confirming the health insurance eligibility of children receiving school lunches at Chiba City schools is not required.

※When pasting copies of the required documents, please ensure that they don't overlap.

- For children whose application form has the “Attach documents on reverse side” box checked, please attach a copy of a valid document showing their health insurance card eligibility information.
- For privacy protection, please mask out the insurer number, insured person code, number, and QR code shown on the attached documents.
- No supporting documents are required for preschool-aged children or the applicant (parent/guardian).
- When attaching multiple documents, ensure they do not overlap.
- If attaching to the back of the application form is difficult, please enclose them in an envelope and submit them.

※About Masking

Please cover each number so it cannot be identified.

At the same time, please be careful not to cover other parts such as names.

Items Needed▼

【Before Copying】

Sticky notes, masking tape, scraps of paper, etc.

【After Copying】

Black marker pen, correction tape, etc.

【Attention】Starting with applications for fiscal year 2026, the handling of submitted supporting documents will change in part.

Please review the information on the next page.

Documents Confirming Health Insurance Eligibility

For children whose application requires attaching documents verifying health insurance eligibility (attachments), please submit a copy of a valid document using one of the methods below.

Attach the copy to the back of the application form (or enclose it with the application).

***As of December 2, 2025, the [Health Insurance] Insured Person Certificate will be expired and cannot be attached.**

Documents verifying health insurance eligibility (any one of the following)

For those using the My Number Health Insurance Card

○ My Number Portal

“Health Insurance Card Information”

To use My Number Portal, you need a device such as a My Number Card-compatible NFC smartphone with the My Number Portal app installed, or a computer connected to a My Number Card-compatible IC card reader/writer.

[Procedure]

① Take a screenshot of the screen containing the required information as shown in the figure on the right, and save the captured image data (hereinafter referred to as the screenshot).

■ For [Paper Applications]

② Print the screenshot obtained in step ①.
③ Attach it to the back of the application form or enclose it with the application.

■ For [Electronic Applications*]

* Acceptance for the 2026 fiscal year is scheduled to begin in early February.

② Upload the screenshot obtained in step ① to the application form and submit your application.

1 令和7年12月10日時点

資格情報
! この情報は画面下部から保存できます。

区分
一般

記号
[マスキング]

番号
[マスキング]

枝番
[マスキング]

フリガナ
チバ ハナコ

2 氏名
千葉 花子

生年月日
平成19年5月1日

3 資格取得年月日
○年△月×日

4 被保険者氏名又は世帯主氏名
千葉 太郎

本人・家族の別
家族

Required Information

- ① Date
- ② Child's Name
- ③ Date of Qualification Acquisition
- ④ Insured Person's Name or Head of Household's Name

Information to be masked

- ① Symbol
- ② Number
- ③ Branch number
- ④ Insurance provider number

For instructions on installing the Myna Portal app and operating the Myna Portal, please refer to the “Myna Portal Operation Guide” posted on our website. (Accessible via the QR code on the right)



Attention

The “Health Insurance Eligibility Information” available for PDF output from Myna Portal cannot be attached as it does not contain the required information for the attachment.

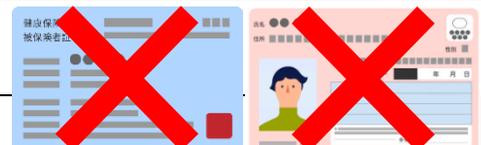
Individuals not using their My Number Health Insurance Card

○ [Health Insurance] Certificate of Eligibility

• Issued to individuals who have not obtained a My Number Card or who have not registered to use their health insurance card via My Number Portal.



○ Documents not accepted as proof of dependent status for health insurance



Health Insurance Card	Effective as of December 2, 2025, due to expiration.
Health Insurance Eligibility Information Notice (Notice of Eligibility Information)	Because the name of the dependent and the effective date of dependency coverage are not specified.
My Number Card	Because the name of the dependent and the effective date of dependency coverage are not specified.

Example Submission ①

(When submitting **directly** to the school)

□ □ □ □ □ □ □ □

1st Grade **Chiba Midori**
Parent/Guardian **Chiba Taro**

Application for the 2026 FY School Lunch Fee Exemption

When submitting documents directly to the school, please write the below four points on the front of the envelope.

- ① **Your child's grade at school (for the 2026 fiscal year)**
- ② **Your child's name (third child and onwards)**
- ③ **Parent/Guardian's Name**
- ④ **「Application for the 2026 FY School Lunch Fee Exemption」**

Example Submission ②

(When submitting to the Health and Education Division **by post**)

Stamp □ □ □ □ □ □ □ □

Back

1-2-3 xx-cho, xx Ward, Chiba City
Chiba Taro

【Recipient's Address for the Documents】
Paste the Below Address Here

When sending by post, it is not necessary to write your child's name on the envelope, but please write the name and address of the parent/guardian on the back.

Cut out the below address and paste it to the front of the envelope (it is also possible to write the below address too).

Cut Here ✂

〒260-8722

千葉市中央区千葉港 1-1

千葉市教育委員会保健体育課公会計班 行

令和8年度 給食費減免申請書 在中