

- 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 notification.

様式集

Free School Lunches for the Third Child Onwards Application Form

① 2024年2月1日

(To) Mayor of Chiba City

Sample Application
Form
(FY 2024)

Applicant (parent/guardian)	Furigana	チバ タロウ
	Guardian's Name	Chiba Taro
	Address	〒 123-4567 1-2-3 ___-cho, ___ Ward, Chiba City
	Tel	(Contact no. for during the day) 090-1234-5678
	Email	(Email address optional)

千葉県学校給食の提供及び学校給食費の管理に関する条例施行規則第8条第3項第2号の規定により、次のとおり令和6年度(2024 FY)の学校給食費の減免を申請します。

申請理由	子を3人以上扶養し、立学校（特別支援学校の高等部を除く。）で学校給食の提供を受けているため。				
扶養している子の状況（申請年度における未就学児を除く全ての扶養している子を記入してください。）					
	フリガナ 扶養している子の氏名 Child's Name	生年月日 Date of Birth (Western Format)	在学している学校 School (only municipal schools) (千葉市立学校の場合のみ記載※1)	学年 Grade	被保険者証 添付※2 Insurance Card Attached
第1子	チバ ハナコ Chiba Hanako	2001 Y 2 M 3 D		年	<input checked="" type="checkbox"/>
第2子	チバ イチロウ Chiba Ichiro	2005 Y 4 M 5 D		年	<input checked="" type="checkbox"/>
第3子	チバ ミド Chiba Midori	2009 Y 6 M 7 D	〇〇Junior High School	2年	<input type="checkbox"/>
第4子	チバ ジロウ Chiba Jiro	2013 Y 8 M 9 D	〇〇Elementary School	4年	<input type="checkbox"/>
第5子	③	Y 月 日	④	年	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 2018 (Heisei Year 30) 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 2024, as well as their grade (to be filled in at the time of application).

⑤ Please check for all children not attending a municipal school in Chiba City (including municipal high schools).

※2 扶養している子の被保険者証（健康保険証）の写しを裏面に添付貼り付けし、チェックを入れてください。ただし、千葉市立学校で学校給食の提供を受けている子の写しは必要ありません。

※3 減免の対象となる児童・生徒は、扶養している子のうち年齢の高い方から数えて3番目以降で、かつ、千葉市立学校（特別支援学校の高等部を除く。）で学校給食の提供を受けている子です。

[千葉県使用欄(以下の欄は記入しないでください。)]

(裏面に続く)

申請書確認	扶養確認	生保受給	特種受給	滞納	減免開始日	備考
<input type="checkbox"/> 適 <input type="checkbox"/> 不適	<input type="checkbox"/> 適 <input type="checkbox"/> 不適	<input type="checkbox"/> 有 <input type="checkbox"/> 無	<input type="checkbox"/> 有 <input type="checkbox"/> 無	<input type="checkbox"/> 有 <input type="checkbox"/> 無	年 月 日	

(裏面)

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 the 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 in regards to the following:

- (1) Chiba City can confirm information registered in the Citizen Register such as information regarding social welfare。 E..
- (2) Chiba City can confirm the taxation status for municipal taxes.
- (3) Chiba City can investigate and confirm the receipt of 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 Applicant's (parent/guardian's) Signature: Chiba Taro (※)

※表面に記載している申請者(保護者)が必ず自署してください。


⑥ Regarding the "Declaration of Support and Consent" form, the applicant (parent/guardian) mentioned on the front of the form must be the same as the signatory in the signature field.

7 保険者証（健康保険証）の写し 貼り付け欄】

健康保険 家族(被扶養者)
被保険者証

写

氏名 チバ ハナコ
千葉 花子
生年月日 平成 13 年 2 月 3 日
性別 女
資格取得日 令和 4 年 4 月 1 日
被保険者名 千葉 太郎
保険者番号




健康保険 家族(被扶養者)
被保険者証

写

記号 番号 枝番

氏名 チバ イチロウ
千葉 一郎
生年月日 平成 16 年 4 月 5 日
性別 女
資格取得日 令和 4 年 4 月 1 日
被保険者名 千葉 太郎
保険者番号



○Please attach a valid copy of the health insurance card for children checked as being insured on the front of the application form.

○Please cover the insurance provider number, insurance card number and QR code so as to protect personal information.

○You do not need to attach a copy of the health insurance certificate for preschool children and the applicant (parent/guardian).

○You do not need to attach a copy of the back side of the card.

○Make sure that the certificates do not overlap when pasting them onto the form.

※Regarding the covering of your personal information:
Please cover the numbers so that they cannot be seen, but be careful not to cover any other information.

Essential Items:

【Before copying】

Sticky notes, masking tape, paper etc.

【After copying】

Black marker, correction tape etc.

Example Submission

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



Chiba Midori

1st Grade

Guardian: Chiba Taro

**Free School Lunches for
the Third Child Onwards
Application Form for the
2024 FY**

Example Submission

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

Stamp



Back

**【Address to send
documents to】**

Refer to the below

Chiba Taro, 1-2-3 X-cho, XX Ward, Chiba City

If you are submitting the application directly to the school, make sure to write these 4 items on the front of the envelope.

- ① **Child(ren)'s year in school (for the 2024 FY)**
- ② **Child(ren)'s Names (the 3rd child or onwards)**
- ③ **Name of parent/guardian**
- ④ **「令和 6 年度 給食費減免申請書」 (Free School Lunches for the Third Child Onwards Application Form for the 2024 FY)**

When sending by mail, you do not need to write down the name of your child on the envelope, but please write the applicant's (parent/guardian) name and address on the back of the envelope. Cut out the below Japanese address and paste it onto the envelope (you may also write it directly on the envelope).

Cut Out and Paste

〒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 行

令和 6 年度 給食費減免申請書 在中