

# School Lunch Application Form

Date:  
(YYYY/MM/DD) \_\_\_\_ / \_\_\_\_ / \_\_\_\_

To Sakai City,  
I, (parent/guardian, etc.), hereby apply for school lunch as detailed below. I will pay the school lunch fee, ensuring payments are made on time by the date designated by Sakai City. I will also strictly adhere to the "Notes" and "Agreements" listed below.

Parent/Guardian, etc. (Designated Payer)	KATAKANA	サカイ ハナコ		Relationship to student	<b>Mother</b>
	Full Name	<b>Sakai Hanako</b>			
	Address	〒590-0078 <b>Sakai-shi, Sakai-ku, Minamikawaramachi 3-1</b>			
	Phone Number	*Please give a number that can be used to contact you during the day <b>080-1234-5678</b>			
Student (School Lunch Recipient)	School Name	Sakai Municipal <b>Sakai Daiichi</b>	ES / JHS Special Needs (特別学校) / Branch (分校) ES Dept. (小学部) / JHS Dept. (中学部)		
	Please <input checked="" type="checkbox"/> one	<input type="checkbox"/> 2024 ES 1st Grade	<input checked="" type="checkbox"/> Grade <b>6</b> Class <b>3</b> # <b>8</b>		
	KATAKANA	サカイ タロウ			
	Full Name	<b>Sakai Taro</b>			
Regarding School Lunch (Please <input checked="" type="checkbox"/> one)		<input checked="" type="checkbox"/> We wish to apply *Includes cases when even a portion of school lunch is provided.  <input type="checkbox"/> We don't wish to apply *Due to food allergy or other unavoidable reasons.			

**Notes:**

1. Please fill out one copy of this application form for each student (school lunch recipient).
2. The period during which school lunches are provided to students (school lunch recipients) is from the start of elementary school to the graduation of junior high school (or transfer to another school outside the city), unless otherwise requested.
3. You must notify us if there is any change in the designated payer listed on this application form or the provision of school meals.
4. If you wish to stop (or resume) school lunches due to an absence of more than one week, moving out, etc., you must notify us at least 7 days in advance on a weekday.
5. If you wish to opt out of all or part of school lunch due to a food allergy or other reason, please consult with the school and submit the necessary documents to the school. Finally, the city must be notified to opt out of milk or bread.
6. In the event of a temporary school closure due to a natural disaster, etc., the school lunch fee will not be refunded. In the event of a class closure, the school lunch fee will be refunded two days later.
7. A late fee may be charged if the school lunch fee is not paid by the due date.
8. If the school lunch fee remains in arrears and there is no intention to pay it, legal action may be taken.

**Agreements:**

1. With this application form, I agree to provide the School Lunch Division with personal information (student's names and ages (*Gakureibo* 学齡簿), school attendance aid (*Shugaku Enjyo* 就学援助), public assistance (*Seikatsu Hogo* 生活保護), special needs education assistance amount (*Tokubetsu Shien Kyoiku Shugaku Shoreihi* 特別支援教育就学奨励費), details regarding child allowance and special benefits (*Jido Teate/Tokurei Kyufu* 児童手当・特例給付)) held by Sakai City and the Sakai City Board of Education for the purpose of school lunch administration and management, and to share such information among the organizations concerned.
2. In the event of delinquency in school lunch fees, I agree that the School Lunch Division may investigate and obtain the personal information of parents/guardians (designated payers) to the extent necessary to collect the debt, and share it among the organizations involved.