様式第１号(第4条、第7条関係)

Imizu City School Notice of Stopping School Lunches/Application for Compensation for Individuals Not Eating School Lunches

Year Month Day

To the Mayor of Imizu City

Postal Number

Applicant's (Guardian's) Address: _____

Name _____

Relation to Child _____

Phone Number _____

In accordance with the fourth condition of the Application for Compensation for Individuals Not Eating School Lunches, I desire to stop receiving school lunches and additonally do so in accordance with the information written below. I make this request in accordance with the seventh condition as well.

Additionally, I desire the compensation funds to be sent to the bank account written below.

Child (Student)	Furigana			
	Name			
	School Name		Class	
Period of Stopping	From: Year Month Day To: Year Month Day ※ Eligible if period exceeds 1 month			
Part of Lunch Stopping	☐ Whole school lunch ☐ Just milk ☐ Everything but the milk			
Reason for Stopping	☐ Food Allergy ☐ Illness ☐ Religious Reason(Reason:) ☐ Extended Absence(Reason:) ※ In the case "Food Allergy" is the chosen reason, a School Life Management Form (Allergy Acknowledgement Form) must be submitted. If "Illness" is the chosen reason, a doctor's note must be submitted. If these documents have already been submitted to the school, resubmission is not necessary.			

学校長
担当者

(Please check the back side of this paper as well)

Financial Institution	Branch Name	Account Number

Account Type	Account Owner
Saving ・ Checking	Furigana
	Name

※ Please ensure the applicant's name and the account owner are the same.
※ If Japan Post Bank is the chosen bank, please provide the 3 character branch code as well.
※ Please provide a copy of the bank booklet or cash card associated with the account.

【Points of Caution】

Please be sure to submit this application to the school at least three days before the planned day of stopping school lunches.

【Agreements】

(1) Should there be any untruths or mistakes in the information I have provided, I will return the compensation funds immediately should they be sent to me.
(2) I agree that the city will check city records as well as request personal files from the school in order to confirm whether or not the conditions for compensation are met.
(3) I agree that after the city decides to provide compensation, should any mistakes in the application documents cause transfer of the funds to be unable to be completed, furthermore should the city be unable to contact me by a set deadline, the city will consider my application as invalid.