

# Application Form for Special Needs Education Support Grant

To: Board of Education of Tsukuba

I hereby apply for the Special Needs Education Support Grant.

Applicant	Name		Application date	
	Address		Phone	

Name of the child(ren)

Grade	Name of child	Date of birth (yyyy/mm/dd)	Name of school
		/ / /	
		/ / /	

Household members (excluding the child above)

Household members	Name	Date of birth (yyyy/mm/dd)	Relation to the applicant	Name of workplace/ school (grade)
		/ / /	Myself	
		/ / /		
		/ / /		
		/ / /		
		/ / /		

Housing	1. Own house 2. Rental property 3. Other ( )	Application reason	
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If my application is approved, I wish the Special Needs Education Support Grant to be transferred to the account below. (Please tick the applicable box below.)

I will use the same bank account as last year. (If you were approved for the benefit last year and requested for bank transfer, you can tick this option.)

I wish to use the following bank account.

Account details	Bank name:		Bank code:						
	Branch name:		Branch code:						
	Account type	<input type="checkbox"/> Savings <input type="checkbox"/> Checking	Account number						
	Account holder's name	<i>Katakana</i>							

N.B. Please make sure it is the same person as the applicant.

I hereby agree to the following terms. (Please read and tick the box.)

- There may be cases where the Board of Education of Tsukuba refers to my Basic Resident Registration and municipal taxation data to confirm my family makeup and household income.
- I give the school principal the right to receive the Special Needs Education Support Grant and appropriate the Grant for any delinquent payment of school fees, if any.