

- 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 2025Y ○ M ○ D

To: Mayor of Chiba City

### Sample Application Form (FY 2025)

Applicant	Furigana	チバ タロウ
	Parent/Guardian's Name	Chiba Taro ②
	Address	〒 123-4567 1-2-3 ○○-cho, ●●Ward, Chiba City
	Tel	(Contact no. for during the day) 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 2025 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). Please check the fiscal year				
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	Health Insurance Card Attached※2
1 <sup>st</sup> Child	チバ ハナコ Chiba Hanako	① H R 15 Y 2 M 3 D		grade	<input checked="" type="checkbox"/>
2 <sup>nd</sup> Child	チバ イチロウ Chiba Ichiro	① H R 19 Y 4 M 5 D		grade	<input checked="" type="checkbox"/>
3 <sup>rd</sup> Child	チバ ミドリ Chiba Midori	① H R 23 Y 6 M 7 D	○○ Junior High School	2 <sup>nd</sup> grade	<input type="checkbox"/>
4 <sup>th</sup> Child	チバ ジロウ Chiba Jiro	① H R 27 Y 8 M 9 D	○○ Elementary School	4 <sup>th</sup> grade	<input type="checkbox"/>
5 <sup>th</sup> Child	③	H R Y M D	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 2<sup>nd</sup> 2019 (Heisei Year 31) 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 2025, 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 attending a municipal high school in Chiba City.

- ※ 1 Excluding Chiba Municipal Chiba High School and Chiba Municipal Inage High School.  
※ 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.

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

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

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### Copy of the Dependent's Health Insurance Card

(to be attached/pasted on)

※ Please attach a copy of the "Health Insurance Card" of each listed dependent child to the front of the application form. However, children and students who are currently receiving school lunches at municipal schools in Chiba City do not need to submit copies of the document.

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

- Please attach valid copies of the health insurance card for the children checked ☒ to the front of the application form.
- Please cover the insurance provider serial code, insurance card number, other numbers and QR code on any attached documents so as to protect personal information.
- You do not need to attach a copy of the health insurance card for preschool children and the applicant (parent/guardian).
- Make sure that the documents do not overlap when pasting them onto the form.
- If it is difficult to attach additional documents to the back of the form, put them in an envelope for submission.

#### ※ 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 such as names.

#### Essential Items:

##### 【Before copying】

Sticky notes, masking tape, paper etc.

##### 【After copying】

Black marker, correction tape (Tippex Tape) etc.

**The following page has instructions on how to submit the required supplementary documents.**

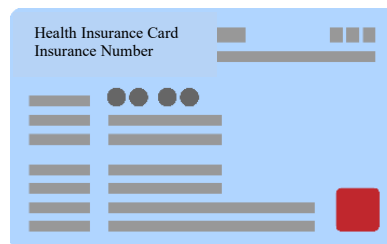
## Regarding the Documents Required to Check the Applicant's Health Insurance Card (attached supplementary documents)

Using one of the below methods, please submit valid copies of documents which can be used to check the health insurance qualification information of your child(ren) and attach them to the application or enclose them in an envelope. As of December 2024, the traditional health insurance card is being phased out and replaced by the My Number Card.

### Documents Required to Check the Health Insurance Qualifications (one of the following)

#### Health Insurance: Health Insurance Card

- Can be used until December 1<sup>st</sup> 2025
- If your child is independent and has obtained their own health insurance card, they are not considered dependents.



#### Health Insurance: Insurance Qualification Certificate

- The Health Insurance Qualification Certificate is issued to those who do not have a My Number Card or have not registered their health insurance certificate with the My Number Portal.



#### My Number Portal Health Insurance Certificate Information

- To use the My Number portal, install the My Number Portal app on a phone which is NFC compatible, or you will need a device which is compatible with a chip reader to read the My Number Card such as a computer.
- When making online applications, please prepare and submit an image of the data such as a screenshot (Formats: gif, jpeg, jpg, png). When submitting the application in person, print out the image and include it with the application form (paste it to the back or include it in the envelope).
- It is possible to download the “**Information about Medical Health Insurance Qualifications**” from the My number Portal to PDF form. However, it doesn't contain the required information, so **do not** include the document as one of the supplementary documents.
- Please refer to the “How to Navigate the My Number Portal” website for information on how to operate the portal.

令和6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  
●●●

番号  
123456

枝番  
2

フリガナ  
チバ ハナコ

氏名  
千葉 花子

生年月日  
平成19年4月2日

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

保険者番号  
654321

保険者名  
●●組合

**Important Information**

- 1 The date
- 2 Child's name
- 3 Name of the parent/guardian or head of the family

※Depending on the type of phone or camera, it may be necessary to enlarge the size of the image/screenshot.

Please cover/mask the below information

- ・ Insured person's number
- ・ Insurance provider's serial code/number

Example Submission ①

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

1<sup>st</sup> Grade

Parent/Guardian

Application for the 2025 FY School Lunch Fee Exemption

Chiba Midori

Chiba Taro

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 2025 fiscal year)
- ② Your child's name (third child and onwards)
- ③ Parent/Guardian's Name
- ④ 「Application for the 2025 FY School Lunch Fee Exemption」

Example Submission ②

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

Stamp

【Recipient's Address for the Documents】

Paste the Below Address Here

Back

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

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7年度 給食費減免申請書 在中