For foreigners　　year　　month　　day

To the Mayor of Koga

Applicant　Guardian's address

Name of guardian　　印

(Write it yourself, or if you haven't written it yourself, stamp it.)

Guardian's phone number

Food Allergy Support Grant Application and Invoice

I am applying to receive financial support for food allergies, etc. I will follow Koga City's rules, "Food Allergy Support for School Lunches, etc." (Article 6).

Name of the child or student	Furigana		school name	
	full name		school year	
The cost of bringing lunch and side dishes	(A)　　yen ※Please write the total amount (A) shown on the Certificate of Expenses.			

※Please submit a copy of the bankbook for the subsidy transfer.

【Promises and agreements】

・When investigating subsidies, there is no problem with Koga City checking the resident register and other necessary documents.

・If there is a problem with the documents and the procedure cannot be completed, your application will be canceled if we are unable to confirm it by March 31st.

・If after receiving your donation we discover that you have lied or received the money in a dishonest way, we will revoke your decision to accept the donation and immediately return the money.