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# Application to join the Gifu Prefectural Senior High Schools Safety Promotion Committee Mutual Aid Scheme

(year) (month) (date)

To the President of the Gifu Prefectural Senior High Schools Safety Promotion Committee

Parent/guardian address

Parent/guardian name

I hereby submit my application to enter into the mutual aid agreement, and enclose the mutual aid premium payment, in accordance with Article 9 of the Gifu Prefectural Senior High Schools Safety Promotion Committee Mutual Aid Scheme Regulations.

School name	Senior high school (linked elementary/junior high school) Special needs school
Student name	(kindergarten / elementary / junior high / senior high) (grade) (class)

Note: please mark the appropriate “” with a “”.

- Full-time students  
720 yen
- Part-time students  
390 yen

This application form should be retained by the school.

※The Committee's management of personal information adheres to its Basic Policy on the Protection of Personal Information and Personal Information Management Regulations.  
※All personal information provided will be used for the management and evaluation of the mutual aid agreement, the payment of mutual aid benefits, the Committee's projects, and not for any other purpose.