



AN APPLICATION TO ACCEPT A CHILD INTO A PREPARATORY CLASS

Child’s name and surname: .......................................................................................................................................

Date and place of birth: .............................................................................................................................................

Personal Identification Number: ...............................................................................................................................

Permanent residence: .........................................................................................................................................

Health insurance company: .......................................................................................................................................

Citizenship: ...............................................................................................................................................................

Attended the kindergarten (from which he/she will unenrol): ..................................................................................

Any medical restrictions: ...................................................................................................................................

Other notification from the parents: ..........................................................................................................................

The legal guardians:

 Mother’s surname:…………………………………………………... name: .................................................

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 Correspondence address: .................................................................................................................................

 Telephone and email contact: .........................................................................................................................

 Father’s surname:………………………………………..………… name: ....................................................

 Correspondence address: ................................................................................................................................

 Telephone and email contact: .........................................................................................................................

Date: ……………………………….. Signature of the child’s legal guardian: …………...................………………

In compliance with the provisions of section 38, subsection 1 of Act no. 500/2004 Coll., the Rules of Administrative Procedure, as amended, the participants in any administrative proceedings and their legal guardians are entitled to view the file at the school office. xxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxx

**The statement of an educational consultancy facility:**

**The recommend – do not recommend\*** the inclusion of this child in the preparatory class. A brief justification:

Date: Stamp and signature:



\*cross out that which does not apply