

CONTACT INFORMATION FORM FOR A PUPIL IN YEAR ONE AT PRIMARY SCHOOL

# (Confidential upon completion!)

**Registration number assigned for the purpose of notifying the parents of the acceptance decision: ZSVN**

Child’s surname Child’s name

Permanent residence:

 ZIP code

Correspondence address:

 ZIP code Date of birth: Personal Identification Number: Place of birth District Citizenship

In the case of foreigners, the type of residency (permanent, temporary, asylum) Address of the kindergarten that the child attended:

The pupil has siblings at our school: NO – YES (name, class: )

# Father:

Surname and name: telephone: residence: email:

# Mother:

Surname and name: telephone: residence: email:

**Contact information for another person** in the case of any exceptional events

# Information from the parents about:

any medical difficulties that the child has or any other serious facts that could influence the course of the child’s education:

This information is provided for the purposes of maintaining the compulsory documentation in compliance with Act no. 561/2004 Coll..This information will be maintained throughout the entire period of the pupil’s attendance at the school and then compulsorily archived for the legally stipulated period.

In Prague, on The legal guardian’s signature

**The course of enrolment:** the child’s pronunciation, hearing, motor skills …………………………………………

Requests a deferment of school attendance: YES - NO Requests inclusion in a preparatory class: YES – NO Requests temporary transfer to the school: YES - NO

The child has completed the deferment of their school attendance: YES - NO

Attended a preparatory class: YES – NO The signing teacher: