

**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: _____