

Application on education in maternity school

A. Personal data of child

Name:	Last name:	Birth surname:
Date of birth:		
Place of birth:		
Address of permanent residence		
Street and number:		
Town/City:	ZIP:	<input type="text"/>
State:		
Address of places, from which it attends maternity school (if with does not delay on address permanent residence) ¹⁾		
Street and number:		
Town/City:	ZIP:	<input type="text"/>
State:		
Birth ID number:		
State affiliation:		
Nationality:		
Primary ²⁾ maternal language:		
Other ³⁾ maternal language:		

B. Name of kindergarten school, to which I request acceptance of my child

Mr. No. (according to their preferences)	Name of kindergarten school (in shape: type; address as follows: name street, indicative number and official name municipalities; if with village does not divide on street, official name municipalities and indicative number)
MŠ YES	Private kindergarten YES, Žitavská 23/2, 952 01 Vráble

C. Personal data about the legal representatives of the child or the representative of the facility - LEGAL REPRESENTATIVE 1

Name:	Last name:	Title:
Birth number or date of birth, if foreigner:		
Address of residence		
Street and number:		
Town/City:	State:	ZIP: <input type="text"/>
Contact for purposes of communication ⁴⁾		
Correspondence address ⁵⁾		
Street and number:		
Town/City:	State:	
Number electronic mailboxes (in shape E000000000):		
Phone:	Email:	
Relationship towards to the child (mark):	Father <input type="checkbox"/>	Mother <input type="checkbox"/> other <input type="checkbox"/> Specify what ⁶⁾ :

¹⁾ Fills in with in case, if with place, where with child usually stays, does not match with address of permanent residence.

²⁾ Primary maternal language is language, which your child best adopted in the early childhood and most often communicates with, in an environment. Primary maternal language may not be to be a language of the child's mother .

³⁾ Other maternal language is language, which child uses in environment, in which it lives, alongside primary maternal language.

⁴⁾ Will state with contact prefers lawful representative on purposes communication. One data is mandatory; fills with also then, if lawful representative does not use electronic mailbox.

⁵⁾ It states, if the correspondence address does not match residential address.

⁶⁾ For example: A person other than a legal representative, who has a child entrusted to personal care or foster care based on a court decision, or a representative of a facility where institutional care is carried out, urgent measures or educational measure based on a court decision.

LEGAL REPRESENTATIVE 2

Name:	Last name:	Title:
Birth number or date of birth, if foreigner:		
Address residence Street and number:		ZIP: <input type="text"/>
Town/City:	State:	
Contact for purposes of communication ⁴⁾ Correspondence address ⁵⁾ Street and number:		
Town/City:	State:	
Number electronic mailboxes (in shape E000000000):		
Phone:	Email:	
Relationship towards to the child (mark): Father <input type="checkbox"/> Mother <input type="checkbox"/> other <input type="checkbox"/> Specify what ⁶⁾ :		

FACILITY REPRESENTATIVE

Name:	Last name:	Title:
Name of facility: ID:		
Address of facility Street and number:		ZIP: <input type="text"/>
Town/City:	State:	
Number of electronic mailbox (in the form E000000000):		
Phone:	Email:	

D. Complementary data

I hereby request acceptance of child on

- half-day education
 full-day education

Interested in catering in school dining room: yes no

Child with health disadvantage: yes no

Gifted Child: yes no

Date for acceptance of child to maternity schools:

I request that my child receive pre-primary education in ⁷⁾

- Slovak language
 language relevant national minorities ⁸⁾
 another language ⁸⁾

Note ⁹⁾:

7) Please indicate only one possibility.

8) Please indicate specific language.

9) Legal representative/representative of facility can state complementary information concerning with child (e.g. health restrictions, habits or other information or decisive for education of child), possibly information about whether child: 1. At the current time attends another kindergarten school; 2. requests about acceptance also to other/others kindergarten schools; 3. has in the kindergarten school older sibling etc.

E. Information about protection personal data

Personal data found in this request, are obtained and processed according to § 11 paragraph 6 law No. 245/2008 Z. z. o upbringing and education (school law) and about change and addition some laws in wording later regulations on purposes of upbringing and education and activities in time outside of teaching.

In on
.....
signature legal representative 1

In on
.....
signature legal representative 2

In on
.....
Signature of facility
representative

Note:

- 1. Part of the attachment to the application is confirmation about health capabilities of child from pediatrician**, which part of is also information about compulsory vaccination of child.
- 2. If the purpose is about acceptance of child with health disadvantage**, attachment to application must include:
 - confirmation about health capabilities of child from pediatrician, which part of is also data about obligatory vaccination of child,
 - report of diagnostic examinations from facility of consultancy and prevention
 - and recommendation from pediatrician.
- 3. If the purpose is about acceptance of child with talent**, attachment application must also include:
 - confirmation about health capabilities of child from pediatrician, which part of is also data about obligatory vaccination of child
 - report of diagnostic examinations from facility of consultancy and prevention.

Conformation about medical fitness of child

according to Section 24, paragraph 7 of Act No. 355/2007 Coll. on the protection, promotion and development of public health and on amendments and supplements to certain acts, as amended, and pursuant to Section 59, paragraph 4 of Act No. 245/2008 Coll. on education (School Act) and on amendments and supplements to certain acts, as amended

Name and surname of the child:

Child's birth number:

Address of child's permanent residence:

Doctor's statement on the child's medical fitness:

Details about obligatory vaccination of child:

In day

.....
Stamp and signature of general doctor for
children and adolescents

**Statement of the counseling and prevention facility
on the admission of a child with a health disability/giftedness¹⁰⁾ to kindergarten**

*according to Section 59, paragraph 5 of Act No. 245/2008 Coll. on Education (School Act) and on amendments and
supplements to certain acts, as amended*

Name of the facility for counseling and prevention:

Name and surname of child:

Child's birth number:

Address of child's permanent residence:

Statements to the admittance of child with health disability / giftedness*) for the pre-primary
education in kindergarten:

In day

.....
Title, name and surname of statutory body of
the institution for counseling and prevention,
stamp and signature

¹⁰⁾ Cross the not applied one.

Recommendation of general doctor for children and adolescence about admittance of child with health disability to the kindergarten¹¹⁾

according to Section 59, paragraph 5 of Act No. 245/2008 Coll. on Education (School Act) and on amendments and supplements to certain acts, as amended

Name and surname of child:

Child's birth number:

Address of child's permanent residence:

Recommendation to the admittance of child with health disability to the pre-primary education in kindergarten:

In day

.....
Stamp and signature of general doctor for children and adolescence

11) This statement can be also part of conformation about child's medical fitness.