Application on education in kindergarten

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: ☐☐☐☐☐ State:		
Address of places, from which it attends kindergarten (if with does not delay on address permanent residence) [1] Street and number: Town/City: ZIP: ☐☐☐☐☐ 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: ZIP: ☐☐☐☐☐		
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 ☐ Mother ☐ other ☐ 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 which contact prefers lawful representative on purposes of 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, guardian or custodian.

LEGAL REPRESENTATIVE 2

Name:	**Last name:**	**Title:**
Birth number or date of birth, if foreigner:		
Address residence Street and number:	ZIP:	
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 ☐ Mother ☐ other ☐ Specify what [6]:		

FACILITY REPRESENTATIVE

Name:	**Last name:**	**Title:**
Name of facility: ID:		
Address of facility Street and number:	ZIP:	
Town/City:	State:	
Number of electronic mailbox (in the form E000000000): Phone:	Email:	

D. Complementary data

I hereby

- ☐ half-day upbringing and education
- ☐ full-day upbringing and education

Child with health disadvantage: yes no

Gifted Child: yes no

Requested date for acceptance of child to kindergarten: .....

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 to 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 of 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 to some laws in wording later regulations on purposes of upbringing and education and activities in time outside of teaching.

In ..... on ....
Signature of legal representative 1

In ..... on ....
Signature of 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 gifted child,** 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/giftedness[10]) 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 kindergarten[11])

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.