

## Preschool Education Application Form

Name:	
Surname:	
Date of Birth:	
Address:	
Nationality:	
Child's first language:	
Attendance from:	Branch: <input type="checkbox"/> Jaselská <input type="checkbox"/> Jiráskova <input type="checkbox"/> No preferences Class: <input type="checkbox"/> Czech <input type="checkbox"/> English

**Affidavit of vaccination of the child:** I hereby certify that, the child named above has undergone all mandatory vaccinations under the Public Health protection Act (§ 50, Act No. 258/2000 Coll.).

Signature of the legal guardian: .....

*Parents / Legal Guardians:*

Father - Name, Surname:	
Address (if it's different from the child's address)	
Occupation*:	
Mother - Name, Surname:	
Address (if it's different from the child's address)	
Occupation*:	

*Contact details for further communication:*

Address:	
E - mail:	
Phone number:	
Data box (ID):	

\* optional

Date: .....

.....  
Signatures of both Parents / Legal Guardians