

Date of Entry:

Class:

For School Purposes Only

## STUDENT'S DETAILS

**NAME, MIDDLE NAME:** .....

**SURNAME:** .....

Date of birth: .....

Place of Birth: .....

Nationality: .....

ID Nr. (if available): .....

Passport No. (for non-Slovak nationalities only): .....

Citizenship: .....

Male

Female

Student will be living with: Both Parents

Mother

Father

Other (please specify) .....

## SCHOOL HISTORY

**Last school attended:** (from) \_\_\_\_ / \_\_\_\_ / \_\_\_\_ (to) \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**School Name:** .....

**School Address:** .....

**Contact person:** .....

**Email address:** .....

**Language of instruction at school:** .....

**Last grade completed:** .....

Level of English:

Complete Beginner

Elementary

Intermediate

Upper Intermediate

Advanced

Has your child ever been identified with learning difficulties? YES NO

If yes, please give details: .....

Has your child ever received learning support? YES NO

Has your child ever been involved in disciplinary action taken at school? YES NO

Does your child have any physical disabilities that require special attention? YES NO

If yes, please give details: .....

**PARENT'S CONTACT DETAILS**

**FATHER:**

Authorized to pick up the child: YES  NO

Emergency Contact: YES  NO

Name, Middle Name: \_\_\_\_\_ Surname: \_\_\_\_\_

Telephone No. Home: \_\_\_\_\_ Work: \_\_\_\_\_

Employer: \_\_\_\_\_ Occupation: \_\_\_\_\_

Address in Slovakia: \_\_\_\_\_

Permanent Address in home country (if different from Slovak Address):  
\_\_\_\_\_

Email Address: \_\_\_\_\_

**MOTHER:**

Authorized to pick up the child: YES  NO

Emergency Contact: YES  NO

Name, Middle Name: \_\_\_\_\_ Surname: \_\_\_\_\_

Telephone No. Home: \_\_\_\_\_ Work: \_\_\_\_\_

Employer: \_\_\_\_\_ Occupation: \_\_\_\_\_

Address in Slovakia: \_\_\_\_\_

Permanent Address in home country (if different from Slovak Address):  
\_\_\_\_\_

Email Address: \_\_\_\_\_

**OTHER LEGAL GUARDIAN:**

Authorized to pick up the child: YES  NO

Emergency Contact: YES  NO

Name, Middle Name: \_\_\_\_\_ Surname: \_\_\_\_\_

Telephone No. Home: \_\_\_\_\_ Work: \_\_\_\_\_

Employer: \_\_\_\_\_ Occupation: \_\_\_\_\_

Address in Slovakia: \_\_\_\_\_

Permanent Address in home country (if different from Slovak Address):  
\_\_\_\_\_

Email Address: \_\_\_\_\_

The contract will be issued on (please choose):

**FATHER**       **MOTHER**       **OTHER**  (please specify):

.....

**ID Card No.** (Slovak) or **Passport No.** (from non Slovak nationalities) of the parent: .....

Address of the parent (from parent details written above – please choose):

Slovak       Permanent       Other  (please specify):






.....

Email address for contact purposes / which will be the main contact email address for communication between school and parents:

.....

**TO COMPLETE YOUR CHILD'S APPLICATION PLEASE INCLUDE FOLLOWING DOCUMENTATION:**

**PRIMARY AND ACADEMY:**

-  Application for Student's Enrollment / Žiadosť o prijatie
-  Health Form
-  **Copy of Birth certificate** (Slovak) or **Copy of Passport** (for non Slovak nationalities)
-  Copy of Health Insurance Card
-  Copies of a School reports from previous school

Also, please include copies of all other relevant information (f.e. report of postponed school enrollment, special educational needs or learning difficulties examination records).

**PLEASE DELIVER YOUR APPLICATION PACKAGE TO OUR SCHOOL OFFICE EITHER PERSONALLY OR SCANNED VIA [office@eisbratislava.org](mailto:office@eisbratislava.org)**  
**Thank you.**

CONSENT FOR PROCESSING OF PERSONAL DATA

Hereby I consent to the processing of my and my child's personal data under the Act. No. 122/2013 Coll. personal data protection of Private primary school EISB, Radničné námestie 4 in Bratislava. Provision of data is voluntary and without consequences to the fact that the information given in the application for admission of school and the photocopy of the Annexes will be used for purposes of processing personal data in the Students registration according the Act Nr. § 28 et seq. Law no. 122/2013 Coll. from receipt of the request.

.....  
DATE

.....  
PARENT SIGNATURE