

APPLICATION FORM

for the enrolment in a programme of the European School Ljubljana
Nursery

School year

Child is *(tick)*

<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>

a child of an employee in an institution and/or agency of the European Union
_____ *(name the institution)*

a child, who has already been enrolled in the programme of the European School

a child of a foreign citizen, employed at the diplomatic or consular representation, in a company or other organization in the Republic of Slovenia
_____ *(name the institution)*

a child of a Slovenian citizen, who is or is going to be a posted employee in the EU institution or agency or diplomatic or consular representation *(attach the evidence)*

a child of a Slovenian citizen or a foreigner having a permanent or temporary accommodation in the Republic of Slovenia

A. CHILD PERSONAL DETAILS

Name

Surname

Sex *(circle)*

male

female

Place and date of birth

Personal ID number

Nationality

Child's address in the Republic of Slovenia

street, number, post code, city

Language in which a child communicates with his/her

mother

father

Child's native or dominant language

Dominant language can be any second language as a native language that a child masters/speaks better than his/her native language.

B. ADDITIONAL INFORMATION ABOUT A CHILD

Foreign languages a child understands and uses (*indicate languages and a child's level of language knowledge to your judgement*):

Language	proficient language knowledge	independent language knowledge	basic language knowledge

Child with special needs

yes

no

If a child is officially given a status of a child with special needs, please indicate "yes" and attach official documents (e.g. medical certificate, decision), which indicate his/her status and on the basis of which adjustments and special forms of educational help can be determined.

Child with health conditions

yes

no

health condition:	
measures:	

If you have a child with special health conditions a school should be aware of, please indicate "yes" and state reasons (e.g. chronic illness, long-term disease, allergy, intolerance) and special measures to be undertaken (e.g. diet, adapted nutrition).

C. PARENTS PERSONAL DETAILS

	parents <i>(tick)</i> : <input type="checkbox"/> mother <input type="checkbox"/> father <input type="checkbox"/> guardian	parents <i>(tick)</i> : <input type="checkbox"/> mother <input type="checkbox"/> father <input type="checkbox"/> guardian
Name and surname		
Address <i>(street, number, post code, city)</i>		
E-mail address		
Nationality		

D. DOCUMENTATION

Attachments to the application form *(indicate)*:

- evidence of exercising the right for the enrolment to a language section,
- evidence in case of a child with special needs,
- medical certificate in case of a child with special health conditions.

With my signature below, I affirm that all the data stated in this form are accurate and true, and that I will immediately inform the school if any change of the data occur.

Child's personal data stated in this form are collected, processed, saved and used by the school for the purposes of schooling and according to the legislation related to the educational field and in accordance with the Personal Data Protection Act.

By signing the educational contract, this application shall be granted the status of the registration form.

Date: _____

Signatures:

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Mother

Father