

FILL IN WITH CAPITAL LETTERS (READABLE)

Application Form

Monthly course: from _____ to _____

Surname: _____

Name: _____

Date of Birth: day: _____ month: _____ year: _____

Sex: male female

Country: _____ Passport Number: _____

E-mail: _____ Telephone Number: _____

Home address

Country: _____ City: _____

Postcode: _____ Street, home: _____

Mailing address

Country: _____ City: _____

Postcode: _____ Street, home: _____

Knowledge of Polish

	spoken	written
none	<input type="checkbox"/>	<input type="checkbox"/>
poor	<input type="checkbox"/>	<input type="checkbox"/>
fair	<input type="checkbox"/>	<input type="checkbox"/>
good	<input type="checkbox"/>	<input type="checkbox"/>
excellent	<input type="checkbox"/>	<input type="checkbox"/>

● How did you learn about The School? _____

*I understand the rules of participation in the course. My health condition is no obstacle for my taking part in it.
I agree that my personal data will be lawfully processed for the School purposes (Ustawa o ochronie danych osobowych, Dz. Ustaw nr 133, poz. 833 z dn. 29 sierpnia 1997 roku).*

*I declare that I have read the information on the personal data protection, which are available at:
www.sjkkp.us.edu.pl/en/rodo-2/*

Date

Signature