

# Student's Questionnaire

## 8-YEAR STUDY PROGRAM



### Student's Information

|   |                           |
|---|---------------------------|
| Name and surname:   |                           |
| Date of birth:  | Birth Certificate Number: |
| Place of birth (region):  |                           |
| Nationality:  | Citizenship:              |
| Identity Card No.:  | Passport No.:             |
| Student's permanent residence (incl. ZIP code):                       |                           |
| e-mail:   | tel:                      |
| Name, address and IZO of the school the student is transferring from: |                           |
| Date of entry into the high school:                                   | Health Insurance Company: |

Please forward any information on health status or problems that may interfere with the teaching or extracurricular activities to the High School Director or Office in a sealed envelope..

### Student's mother

|   |      |
|---|------|
| Name, surname, degrees:                                 |      |
| Address (only if different from the student's address): |      |
| e-mail:   | tel: |
| data box:   |      |

### Student's father

|   |      |
|---|------|
| Name, surname, degrees:                                 |      |
| Address (only if different from the student's address): |      |
| e-mail:   | tel: |
| data box:   |      |

|   |
|---|
| Siblings (name, age, Duhovka institution they attend - if any): |
|   |
| Bank account number for money returns:                          |

Name address of the parent to which the school will send the correspondence: .....

.....

In Prague on: ..... Student's signature: ..... Parent's signature: .....