



Wroclaw

date (dd/mm/yyyy)

FSA School Admission Form

I kindly request to admit my child
to:

Child's full name

Nursery

Preschool

Primary School

Child's full name:

Date and place of birth:

date (dd/mm/yyyy)

place of birth

Address of residence:

Previous nursery/school attended:

Parents/Legal guardians full names:

1

2

Parents/Legal guardians telephone numbers and e-mails:

1

2

Please, check if you are interested in enrolment
at any time during the school year.

Parents/Legal guardians signatures

