Private Primary School(PPS), Česká 10, 831 03 Bratislava  
Allocated workplace: SZŠ(PPS), Kremeľská 2, 841 10 Devín  
School founder: PaedDr. Martina Danisova (0911 22 33 88)  
www.gymnaziumceska.sk

**Address and contact of legal guardians (circle the representative to contact the school)**  
Mother  
Name: ................................................ ............. Phone no.: ................................ .E-mail:............................................... ........  
Address:................................................ .................................................. .................................................. .................................................. .................................................. .................................................. .................................................  
Father  
Name: ................................................ ............. Phone no.: ................................ .E-mail:............................................... ........  
Address:................................................ .................................................. .................................................. .................................................. .................................................. .................................................. .................................................  
  
**Subject: Request for training – Private Primary School: Česká - DEVIN \***

I apply for the first year of my daughter / son's school year 201/202 \*  
.................................................. .................................................. .................................................. .............................  
Date of birth:............................................... ........................

Identification number: ....................... .....................................  
Permanent residence:............................................... .................................................. .................................................. .......  
The child lives in the same household \*: with both parents - mother - father  
  
we thank you  
Sincerely  
  
  
Bratislava, .............................. signatures of legal representatives:

mother ............. .............................  
father................ ............................  
  
*Affirmation:  
We acknowledge that if our child is admitted, we are obliged to accept and sign the decision on acceptance by the two legal representatives in person or to provide the certified consent of the other legal representative (see* *appendix).*  
Name and surname:.............................................. .................................................. ......................................  
Date of birth : ............................................... .................... ID number : ........................... ......................  
Permanent residence : ............................................... .................................................. ......................................  
  
Letter of Attorney  
  
The child's legal representative mentioned above  
Name of child ................................................ .................................................. ............................................  
Date of birth of child ............................................... .................................................. ..........................  
Place of birth of child ............................................... .................................................. ...........................  
Child's permanent residence ............................................... .................................................. ............................  
.................................................. .................................................. .................................................. ..............  
                                I authorize the second guardian of the child:  
Name and surname:.............................................. .................................................. ......................................  
Date of birth : ............................................... .................... ID number : ........................... ......................  
Permanent address: ............................................... .................................................. ............................................

**to carry out all necessary administrative tasks related to the registration of our son / daughter and I agree to study my child at the Private Elementary School in Česká 10, Bratislava / Kremeľská 2, Devín. (strike out what does not apply)  
  
In Bratislava, on .................................. Signature:**