****

**SZKOLNA ANKIETA KANDYDATA –oddział zerówkowy**

prosimy wypełnić pismem drukowanym

Zwracam się z prośbą o przyjęcie mojego dziecka ...................................................................do oddziału zerówkowego Katolickiej Szkoły Podstawowej w Zielonej Górze
 w roku szkolnym ....................................................

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| **1** | **Nazwisko** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

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| **2** | **Imiona** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

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| **3** | **Data urodzenia** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

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| **4** | **Miejsce urodzenia** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

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| **5** | **PESEL** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

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| **6** | **Imię matki** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

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| **7** | **Nazwisko matki** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

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| **8** | **Imię ojca** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

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| **9** | **Nazwisko ojca** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

**Adres zamieszkania ucznia:**

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| **10** | **Miejscowość** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

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| **11** | **Kod pocztowy** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

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| **12** | **Ulica** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

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| **13** | **Numer domu** |  |  |  |  |  |  |  | **14** | **Numer mieszkania** |  |  |  |  |  |  |

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| **15** | **Województwo** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

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| **16** | **Adres zamieszkania matki (jeśli inny niż ucznia):** |

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| **miejscowość** |  |
| **kod pocztowy** |  |
| **ulica** |  |
| **numer domu/mieszkania** |  |
| **województwo** |  |

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| **17** | **Adres zamieszkania ojca (jeśli inny niż ucznia):** |

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| **miejscowość** |  |
| **kod pocztowy** |  |
| **ulica** |  |
| **numer domu/mieszkania** |  |
| **województwo** |  |

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| **18** | **Numery telefonów / adresy e-mailowe** |

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|  | **telefon komórkowy** | **telefon domowy** | **adres e-mail** |
| **matka** |  |  |  |
| **ojciec** |  |  |  |
| **uczeń** |  |  |  |

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| **19** | **Zawód i miejsce pracy rodziców** |

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|  | **zawód** | **miejsce pracy** |
| **matka** |  |  |
| **ojciec** |  |  |

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| **20** | **Liczba dzieci w rodzinie:**  |
| **Wiek dzieci:**  |

**......................................................................... ..........................................................................
miejscowość i data podpis rodzica/opiekuna**