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| | **WNIOSEK O PRZYJĘCIE DZIECKA DO KLASY PIERWSZEJ**  **W SZKOLE PODSTAWOWEJ IM. MIKOŁAJA KOPERNIKA W BRALINIE** | | | | | | | | | | | | | | | | | | | | | | | | | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | **ROK SZKOLNY 2019/2020** | | | | | | | | | | | | | | | | | | | | | | | | | | **Dane osobowe dziecka** | | | | | | | | | | | | | | | | | | | | | | | | | | Nazwisko |  | | | | | Imię/ imiona | |  | | | | | | | | | | | | | | | | | | Data i miejsce urodzenia |  | | | | | PESEL: | |  |  | |  |  |  |  | |  | |  | |  | |  |  | | Adres zamieszkania |  | | | | | Adres zameldowania | |  | | | | | | | | | | | | | | | | | | Szkoła obwodowa, do której powinno dziecko uczęszczać wg adresu zamieszkania |  | | | | | | **Dane rodziców/ prawnych opiekunów \*** | | | | | | | | | | | | | | | | | | | | | | | | | | Dane | **matki/** prawnej opiekunki\* | | | | | | | **ojca/** prawnego opiekuna \* | | | | | | | | | | | | | | | | | | Imię / imiona |  | | | | | | |  | | | | | | | | | | | | | | | | | | Nazwisko/ nazwiska |  | | | | | | |  | | | | | | | | | | | | | | | | | | Adres zamieszkania |  | | | | | | |  | | | | | | | | | | | | | | | | | | Telefon kontaktowy |  | | | | | | |  | | | | | | | | | | | | | | | | | | E - mail |  | | | | | | |  | | | | | | | | | | | | | | | | | | **Informacje dodatkowe o dziecku** | | | | | | | | | | | | | | | | | | | | | | | | | | Dodatkowe informacje o dziecku  (choroby przewlekłe, alergie, wady rozwojowe, trudności, zainteresowania, zdolności). | | | |  | | | | | | | | | | | | | | | | | | | | | | Dziecko posiada orzeczenie o potrzebie kształcenia specjalnego | | | | **Tak\*** | | | | | | | **Nie\*** | | | | | | | | | | | | | | | **Informacje o rodzinie** | | | | | | | | | | | | | | | | | | | | | | | | | | **Rodzeństwo**  **(podać rok urodzenia i miejsce nauki)** | | | | | | | 1. **…………………………………………………………** 2. **…………………………………………………………** 3. **…………………………………………………………** | | | | | | | | | | | | | | | | | | |  | |  |  | |  |  | |  |  |  |  |  |  |  |  |  |  |  |  | |  | | | | |  |  | | --- | | **POUCZENIE:**  **1. Uprzedzony o odpowiedzialności karnej z art. 233 Kodeksu Karnego oświadczam, że podane dane są zgodne ze stanem faktycznym.**  **2. Niniejszym przyjmuję do wiadomości i wyrażam zgodę na gromadzenie, przetwarzanie i udostępnianie danych osobowych zawartych we wniosku w systemach informatycznych i dokumentacji szkoły. Przetwarzanie danych odbywać się będzie zgodnie z Rozporządzeniem Parlamentu Europejskiego i Rady UE 2016/679 z dnia 27 kwietnia 2016r. w sprawie ochrony osób fizycznych w związku z przetwarzaniem danych osobowych i w sprawie swobodnego przepływu takich danych (Dz.U.UE.L.2016.119.1).**  **PRZYJMUJĘ DO WIADOMOŚCI, ŻE:**  **- administratorem danych jest szkoła,**  **- przysługuje mi prawo do dostępu do treści moich danych i ich poprawiania za pośrednictwem szkoły.**  **OŚWIADCZENIA:**  **1. Oświadczam, że w przypadku jakichkolwiek zmian w informacjach podanych w formularzu niezwłocznie powiadomię o nich dyrektora szkoły.**  **2. Zapoznałem/ łam się z treścią powyższych pouczeń.**    Bralin, dnia ............................................ …..………..……………………………………………  Czytelny podpis rodziców / prawnych opiekunów | |  |       \* \*niepotrzebne skreślić |