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# PESEL

# ……………………………………………………..

# (pieczęć szkoły)

# Podanie

**o przyjęcie do szkoły policealnej**

**Dyrektor**

**„EUROCONSULTING” Centrum Kształcenia**

**Dorosłych. Szkoła Policealna**

**ul. I. Paderewskiego 2**

**56-400 Oleśnica**

Proszę o przyjęcie mnie na semestr pierwszy / …………….\* / w „EUROCONSULTING” Centrum Kształcenia Dorosłych. Szkole Policealnej w Oleśnicy, prowadzonej systemem zaocznym w zawodzie: (zaznacz X swój wybór)

opiekunka dziecięca

technik administracji

technik bhp

**KANDYDAT**

**1. DANE OSOBOWE**

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| **NAZWISKO** | | | | | | | | | | | | | | | | **IMIĘ PIERWSZE** | | | | | | | | | | | | | | |
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| **IMIĘ DRUGIE** | | | | | | | | | | | | | | | | **NAZWISKO PANIEŃSKIE DLA MĘŻATEK** | | | | | | | | | | | | | | |

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| **WOJEWÓDZTWO** | | | | | | | | | | | | | | | | | | | | | | | | | | | **KRAJ** | | | | | | | | | | |

**2. DATA I MIEJSCE URODZENIA**

**3. IMIONA RODZICÓW**

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| **IMIĘ OJCA** | | | | | | | | | | | | | | | | **IMIĘ MATKI** | | | | | | | | | | | | | | |

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| **MIEJSCOWOŚĆ** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **NR DOM.\*\*** | | | | |
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| **ULICA** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **NR DOM.** | | | | | **NR MIESZ.** | | | | |
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| **WOJEWÓDZTWO** | | | | | | | | | | | | | | | **KOD** | | | | | | **POCZTA** | | | | | | | | | | | | | | | | | |

**4. ADRES STAŁEGO ZAMIESZKANIA**

**5. DANE KONTAKTOWE**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| **TEL. STACJONARNY** | | | | | | | | | | **TEL. KOMÓRKOWY** | | | | | | | | | | **E-MAIL** | | | | | | | | | | | | | | | | | | | | |

**6. ADRES TYMCZASOWEGO ZAMELDOWANIA LUB DO KORESPONDENCJI\*\*\***

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| **MIEJSCOWOŚĆ** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **NR DOM\*\*** | | | | |
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| **ULICA** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **NR DOM.** | | | | | **NR MIESZ.** | | | | |
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| **WOJEWÓDZTWO** | | | | | | | | | | | | | | | | | | | | | **KOD** | | | | | | **POCZTA** | | | | | | | | | | | |

\* wpisać w przypadku, gdy kandydat zapisuje się na semestr wyższy

\*\* w przypadku adresu bez nazwy ulicy

\*\*\* tylko w przypadku, gdy adres jest inny niż w pkt. 4

**7. SERIA I NUMER DOWODU OSOBISTEGO**

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**8. PRACUJĘ ZAWODOWO: TAK NIE**

**9. POBIERAM / NIE POBIERAM\* ŚWIADCZENIA Z TYTUŁU PRAWA DO ZASIŁKU LUB RENTY. JEŚLI POBIERAM TO Z:**

**ZUS KRUS INNE: …………………………………………………………….**

**10. UKOŃCZYŁEM / AM SZKOŁĘ ŚREDNIĄ:**

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| **NAZWA SZKOŁY** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **MIEJSCOWOŚĆ** | | | | | | | | | | | | | | | | | | | | | **WOJEWÓDZTWO** | | | | | | | | | | | | | | **ROK** | | | |
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| **TYP SZKOŁY** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

**11.WIARYGODNOŚĆ DANYCH POTWIERDZAM WŁASNORĘCZNYM PODPISEM.**

**12. ZAŁĄCZNIKI:**

**- ŚWIADECTWO POTWIERDZAJĄCE UKOŃCZENIE SZKOŁY ŚREDNIEJ / ~~ŚREDNIEJ~~**

**~~BRANŻOWEJ~~**

**- ZAŚWIADCZENIE LEKARSKIE O BRAKU PRZECIWSKAZAŃ DO NAUKI W ZAWODZIE**

**- 1 zdjęcie legitymacyjne**

Oleśnica, dnia …………..…..20…..r

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(podpis kandydata)

KANDYDATA)

**OŚWIADCZENIE**

Wyrażam zgodę na otrzymywanie od **EuroConsulting Polsko-Niemieckie Centrum Edukacji Biznesu s.c. W. Cieśliński i K. Gębuś** z siedzibą w Oleśnicy, na przekazany mój numer telefonu i / lub adres e-mail, informacji handlowych i organizacyjnych dotyczących tej spółki oraz powiązanych z nią szkół.

Oleśnica, dn. ................................ …………..………………………….

(podpis kandydata)

\* właściwy wariant zakreślić

## Decyzja Dyrektora szkoły

Dyrektor postanawia przyjąć / nie przyjąć\* Pana/Panią ......................................................

na semestr ......................... roku szkolnego 20….../ 20….… Szkoły Policealnej w zawodzie

opiekunka dziecięca

technik administracji

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(pieczęć i podpis dyrektora)