

Student Enrollment Form



Student Re-Enrollment Form

Nazwisko Ucznia/ Student's Last Name		Imię/First Name		Semestr/ Semester <input type="checkbox"/> Wiosenny/ Spring <input type="checkbox"/> Jesienny/ Fall	Rok/ Year
Imiona i Nazwiska Rodziców/ Parents' Names		Data Urodzenia (MM/DD/RR)/ Birth Date (MM/DD/YY)		Wiek/ Age	
Adres Zamieszkania / Home Address		E-mail Rodziców/ Parents' E-mail		Obecny Nauczyciel/ Current Teacher	
Telefon Domowy/ Home Telephone					
Komórka/ Cell					
Czy jesteście zadowoleni z poziomu na które dziecko uczęszczało?/ Are you satisfied with the class/level your child was assigned to? Tak/Yes <input type="checkbox"/> Nie/No <input type="checkbox"/>			Jesli nie, proszę wyjaśnić/ If not, please explain:		
Opłata/Tuition: Pierwsze Dziecko/First Child - \$350.00 <input type="checkbox"/> Drugie Dziecko/Second Child - \$250.00 <input type="checkbox"/> Każde Następane Dziecko/Each Additional Child - \$50.00 <input type="checkbox"/>			Pierwsza opłata za szkołę (\$175/pierwsze dziecko, \$125/drugie dziecko, \$25/każde następne dziecko) powinna być zapłacona do pierwszego dnia lekcji. Druga opłata za szkołę powinna być zapłacona do 1 marca (wiosenny semestr)/1 października (jesienny semestr). First tuition payment (\$175/first child, \$125/second child, \$25/each additional child) should be made by the first day of classes. Second tuition payment is due by March 1 st (Spring semester)/October 1 st (Fall semester).		

Przyjmuję do wiadomości, że ze względu na planowanie procesu nauczania w przypadku rezygnacji ucznia ze szkoły w trakcie roku szkolnego opłaty za szkołę nie będą zwracane. Zobowiązuję się do uregulowania pierwszej części opłaty za naukę w szkole najpóźniej do pierwszego dnia lekcji w semestrze oraz drugiej części do 1 marca (wiosenny semestr)/1 października (jesienny).

I understand that if my child is withdrawn from school during the school year there will be no refund of tuition. I agree to pay the first half of the tuition before or at the latest by the first day of classes and pay the remaining half by March 1st (Spring Semester)/October 1st (Fall semester).

Oświadczam, że zapoznałem/zapoznałam się z regulaminem szkoły i go akceptuję. I declare that I have read and accept the school's by-laws.

The school admits the students of any race, color, national origin, and ethnic origin to all the rights, privileges, programs, and activities generally accorded or made available to students at that school. The school does not discriminate on the basis of race, color, national origin, and ethnic origin in administration of its educational policies, admissions policies, scholarship and loan programs, and athletic and other school-administered programs.

Data/Date

Podpis Opiekuna/Parent Signature

Mail tuition to:
Polish School of Charlotte
P.O. BOX 33634
Charlotte, NC 28233-3634

**POLISH SCHOOL OF CHARLOTTE
STUDENT HEALTH STATEMENT / MEDICAL RELEASE**

Name of Child: _____ Date of Birth: _____

FAMILY MEDICAL INSURANCE INFORMATION

Insurance Carrier _____ Policy or Group #: _____

Physicians Name: _____ Physicians Phone Number: _____

For the benefit of your child, and to help the School Staff, please answer the following questions and return this form to the School Secretary.

1. Does the child have any allergies? If so, please specify: _____

2. Does the child have any medical problems that the leader should know about? If so, Please Specify: _____

3. Is the child taking any medication? If so, please specify: _____

EMERGENCY CONTACT INFORMATION (NOT the parent. Will be used if parent cannot be reached.)

Contact Name	Relationship	Home Phone	Cell Phone
1. _____	_____	_____	_____
2. _____	_____	_____	_____

PARENTAL RELEASE/PERMISSION

I hereby state that to the best of my knowledge the above statements are true and correct, the named child is in good health, and is free of any contagious diseases. Furthermore, I also give permission to the physician selected by the school director to order X-rays routine tests and treatment for the health of my child, and, in the event I cannot be reached in an emergency, I hereby give permission to the physician selected by the school director to hospitalize, secure proper treatment for, and injection and/or surgery for my child as named herein.

I hereby give permission to my child, named in this form, to participate in the Polish School of Charlotte language program. I waive any claim, demand or cause of action, legal or equitable against the Polish School of Charlotte, its Officers and Staff for any injuries to my child that might be sustained by him/her during the duration of the program.

Signature of Parent or Guardian

Date

Polish School



of Charlotte

Release and Authorization Policy

Parents and/or Guardians and adult students agree to the following policy:

Release and Authorization of Likenesses and Works

For the purpose of this policy:

- Likeness(es) are photographs, video, music and/or audio real time broadcasts and/or recordings, interviews and any combination thereof; and
- Work(s) are academic and/or creative works created on request and/or under the supervision of, or otherwise bestowed to the Polish School of Charlotte, including, but not limited to, real-time art performances of any kind.

I do consent to the creation and use of my and/or the registered student's likeness(es) and/or work(s), as deemed fit by the Polish School of Charlotte, in perpetuity, anywhere. I understand and agree that no monies or other consideration in any form, including reimbursement for any expenses, will become due to me and/or the registered student, our heirs, agents, or assigns at any time because of the creation and/or use of the likeness(es) and/or creative work(s). I agree to release and hold harmless the Polish School of Charlotte, its members, trustees, agents, officers, contractors, volunteers and employees from and against any and all claims, demands, actions, complaints, suits or other forms of liability that shall arise out of or by reason of, or be caused by the use of the likeness(es) and/or work(s), including, but not limited to, any claim based on allegation of copyright infringement.

Parent Name

Student Name(s)

Signature

Date

English version of this document is located on the next page.

ANKIETA WYWIADU ŚRODOWISKOWEGO UCZNIĄ

Szczegóły ankiety będą przechowywane i przetwarzane zgodnie z ustawą o ochronie danych osobowych.

Imię i Nazwisko Ucznia:.....

1. Czy dziecko choruje na jakieś przewlekłe choroby (alergia, astma, itp.)

.....

2. Czy u dziecka zdiagnozowano:

- Dysleksję
- Dysortografię
- Dysgrafię
- ADHD
- Inne
- Nie dotyczy

3. Szczególne upodobania i zainteresowania dziecka:

- Czytanie książek
- Rysowanie
- Majsterkowanie
- Uprawianie sportu
- Oglądanie filmów
- Praca z komputerem (proszę wyszczególnić)

.....

- Inne

4. Jakich przedmiotów dziecko najbardziej lubi się czytać?

.....

5. Czy dziecko uczestniczy w zajęciach pozalekcyjnych?

- Kółka zainteresowań; jakie.....
- Zajęcia rekreacyjne; jakie.....
- Inne; jakie.....

Student Survey

Details of the questionnaire will be stored and processed in accordance with Personal Data Protection Act.

Student's First and Last Name:.....

1. Does your child suffer from a chronic illness (i.e., allergies, asthma)?

.....

2. Has your child been diagnosed with:

- Dislexia
- Dysorthographia
- Dysgraphia
- ADHD
- Other
- Not Applicable

3. Child's special interests and preferences:

- Reading
- Drawing
- Crafts
- Sports
- Movies
- Computer (please specify)

.....

- Other (please list).....

4. What subjects does your child like the most?

.....

5. Does your child participates in afterschool activities?

- Workgroups (please list).....
- Recreation classes (please list).....
- Other (please list).....