**QUESTIONNAIRE OF THE CANDIDATE FOR SCHOOL (PRIMARY & KINDERGARTEN)**

The questionnaire must be completed electronically or in block capitals. The questionnaire should be accompanied by a supplemented statement of consent to the processing of your and your child's data. The declaration is voluntary, but necessary for the Curiositas Foundation to accept any personal data.

Giving untruths or omitting important facts concerning, in particular, the health of the child may be a reason for unilateral termination of the contract by the Curiositas Foundation, without the right to compensation.

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| Child's name: |
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| Date and place of birth: |
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| Type and identification number (i.e. passport, national ID, PESEL, etc.) |
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| Address of residence of the child: |
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| Name and address of the regional school (which the child should attend due to the address of registration) - does not apply to candidates for kindergarten: |
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| Does the child have a certificate of disability? |
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| Does the child have a certificate of need for special education? |
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| Does the child have other difficulties that may affect his or her stay at school? |
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| Does the child have siblings? If so, at what age? |
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| Why did you decide to enroll your child in our school? |
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| Name of the kindergarten the child attended earlier (in the case of candidates for kindergarten, kindergarten or the first year of primary school): |
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| Do you know Montessori education? |
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| What activities/activities does your child like the most? |
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| What are the main interests of the child? |
|  |
| Other important information about the child (allergies, medicines taken permanently, etc.): |
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| What are your expectations for our school? |
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| Other important information that may affect your child's functioning at school: |
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| How do you imagine working with the school? |
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| Information about Parents (legal guardians) | Parent 1 | Parent 2 |
| Name and surname |  |  |
| Address of residence (street, house number, apartment number, postal code, town, municipality) |  |  |
| E-mail address |  |  |
| Contact phones |  |  |

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Date and signature of the child's legal guardians