**KARTA ZGŁOSZENIA DZIECKA DO SZKOŁY PODSTAWOWEJ NR 2 W KIELCACH**

w roku szkolnym 2024/2025

**DANE DZIECKA**

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| **Data i miejsce urodzenia** |  |  | **-** |  |  | **-** |  |  |  |  | **X** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

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| **Adres zamieszkania** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

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| **Adres zameldowania \*)** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

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**Miejsce realizacji rocznego przygotowania przedszkolnego \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_**

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**Numer szkoły podstawowej, do której obwodu dziecko należy \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_**

**DANE RODZICÓW/PRAWNYCH OPIEKUNÓW**

**MATKA/PRAWNY OPIEKUN**

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| **Nazwisko** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

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| **Adres zamieszkania** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

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| **Adres zameldowania \*)** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

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| **Adres e-mail** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

\*) *proszę wypełnić jeśli adresy zamieszkania i zameldowania są różne*

**OJCIEC/PRAWNY OPIEKUN**

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| **Nazwisko** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

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| **Adres zamieszkania** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

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| **Adres zameldowania \*)** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

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| **Numer telefonu** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

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| **Adres e-mail** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

**OŚWIADCZENIA RODZICÓW/OPIEKUNÓW PRAWNYCH DOTYCZĄCE DZIECKA**

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| **tak** | **nie** |
| **1.** | Czy dziecko posiada orzeczenie lub opinie z poradni psychologiczno-pedagogicznej? |  |  |
| **2.** | Czy dziecko posiada orzeczenie o niepełnosprawności? |  |  |
| **3.** | Czy dziecko będzie uczestniczyło w lekcjach religii realizowanych na terenie szkoły? |  |  |
| **4.** | Czy dziecko będzie uczestniczyło w lekcjach etyki realizowanych na terenie szkoły? |  |  |
| **5.** | Czy dziecko będzie korzystało ze świetlicy? |  |  |
| **6.** | Czy dziecko będzie korzystało z opieki pielęgniarki szkolnej? |  |  |
| **7.** | Czy dziecko jest objęte opieką MOPR? |  |  |

Świadomy odpowiedzialności karnej /art.233 KK/ oświadczam, że podane we wniosku dane są zgodne ze stanem faktycznym.

Wyrażam zgodę na przetwarzanie danych osobowych zawartych we wniosku dla celów związanych przyjęciem dziecka do Szkoły Podstawowej nr 2 w Kielcach zgodnie z ustawą z dnia 29 sierpnia 1997 roku o ochronie danych osobowych (Dz.U. z 2002 r. Nr 101, poz. 926 z późn. zm.) Administratorem danych osobowych jest: Szkoła Podstawowa nr 2 im. Marii Konopnickiej w Kielcach, ul. Kościuszki 5 25-310 Kielce, Inspektor Ochrony Danych: Tomasz Olbratowski   
e-mail: [iod@sp2.kielce.eu](mailto:iod@sp2.kielce.eu)

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Miejscowość, data Podpis rodzica/opiekuna prawnego

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Miejscowość, data Podpis rodzica/opiekuna prawnego

\*) *proszę wypełnić jeśli adresy zamieszkania i zameldowania są różne*