



FILL IN WITH CAPITAL LETTERS (READABLE)

Polish language courses

Application Form

The course in a group:

February - June (year) October (year) - January (year)

Individual course: from to

Surname:

Name:

Date of birth: day month year

Sex: male female

Country: Passport No.:

E-mail: Telephone No.:

Home address:

Country: City:

Postcode: Street, home:

Mailing address:

Country: City:

Postcode: Street, home:

Knowledge of Polish

Table with 3 columns: Knowledge of Polish (none, poor, fair, good, excellent), spoken, written. Each cell contains a checkbox.

How did you learn about The School?

I understand the rules of participation in the course. My health condition is no obstacle for my taking part in it. I agree that my personal data will be lawfully processed for the School purposes (Ustawa o ochronie danych osobowych, Dz. Ustaw nr 133, poz. 833 z dn. 29 sierpnia 1997 roku).

Date

Signature