



Embassy International School, ul. Edmunda Biernackiego 10, 30-043 Kraków, Poland  
phone: +48 786 947 320, email: office@embassyschool.pl, www.embassyschool.pl

## Application Form

Child's Name(s) ..... Surname ..... Gender F / M

Date of Birth ..... Date of Entry .....

Nationality(ies) ..... PESEL No. (if applicable) .....

Passport No. and Country of Issue / Identity Card No. ....

### Languages spoken

Language	Level		
	fluent	intermediate	basic
1.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

### Permanent Address

.....  
.....

Tel: .....

### Local Address

.....  
.....

Tel: .....

### Parents / Guardians

Name		Surname	
Telephone		Email	
Passport No.		Country of Issue	
ID series and number		PESEL No. (if applicable)	

Name		Surname	
Telephone		Email	
Passport No.		Country of issue	
ID series and number		PESEL No. (if applicable)	



embassy  
international  
school

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Previously identified special educational needs

If you have documentation regarding these needs, please include copies with this form.

Supporting documents

Copies of 2 most recent school reports attached	
SEN documentation attached	
Copy of passport photo page attached	
EAL required/requested?	
Orientation meeting with Head (date)	

You are not obliged to give us any medical history but if there is something you prefer we know about please note it in the box below. By filling in this box you declare that you agree to us sharing this information with teaching staff in the interests of ensuring your child's health and wellbeing within the school.

Signed .....(Parent / Guardian 1)

.....(Parent / Guardian 2)

Date .....

Please send this form to [office@embassyschool.pl](mailto:office@embassyschool.pl)