Érkezett:

Ügyiratszám:

Tárgy: Óvodai felvétel iránti kérelem

**Statement of intention for kindergarten enrollment**

Dear kindergarten principal!

I ………………………………………….. (parent’s name) would like to kindly ask you to enroll my child in this kindergarten from 20....... .

**Data of child:**

Name:……………………………………………………………………………………………………………………………………..

Place and date of birth:……………………………………………………………………………………………………………

Permanent address (as seen on the address card): ……………………………………….……………………………………………………………………………………………………….

Temporary address (address card, tenancy agreement, health visitor declaration): ………………………………………………………………………………………………………………………………………………..

Citizenship (The title of residence):…………………………………………………………………………………………

Social insurance number/ If your child doesn’t have one, the name of the insurance company: ……………………………………………………………………………………………………………………………….

OM (Ministry of Education) identity code (If your child attends or attended to another kindergarten):…………………………..……………………………...................................................................

………………………………………………………………………………………………………………………………………………..

My child attends to nursery. The name and the address of the nursery:…………………………………

………………………………………………………………………………………………………………………………………………..

**Data of parents:** All the fields marked with \* are not mandatory.

**The father’s data**

Name:………………………..……………………………………………………………………………………………………………

Address: ……………………………………………..………………………………………………………………………………….

Telephone number, email address:………….……………………………………………………………………………..

Workplace\*: ………..…………………………………….…………………………………………………………………………..

Profession\*:…………………………………….…………….………………………………………………………………………..

**The mother’s data**

Birth name:…..…………………………………………………………………………………………………………………………

Address: ………………………………..……………………………………………………………………………………………….

Telephone number, email address:………………………………………………………………………………………..

Workplace\*: …………………………………………………………………………………………………………………………..

Profession\*:…………..………………………………………………………………………………………………………………..

**My child requires a special care:**

* My child requires a special education

 It means: ……………………………………...……………………………………………….

* Special sickness
It means: …………………………..……………………………………………………………………………………….
* Special dietary (allergy, religion, vegetarian, pork-free diet…)……..…………………………….

……………………………………………………………………………………………………………………………………

**Other information, attached documents:**

* I would like to get the result of the kindergarten enrollment by email. My email address: …………………….………………………………………………………………………………………………
* I submitted the application to the following kindergartens: …………………………………………………………………………………………………………………………
* I presented my address card, identity card or passport.

Date: Budapest, 20…………. year ………………..month …………………day

 ………………………………………………………

 Parent

**Záradék**

Az óvodai jelentkezési lapot átvettem és az előjegyzési naplóba …………………..sorszámon

bejegyeztem.

Kelt: Budapest, 20………….év ………………..hónap …………………nap

Ph. …………………………………………………………….

 óvodavezető