

# STUDENT APPLICATION FORM

ZAHTEJEV ZA UPIS (DV "Mala kuća")

## STUDENT'S INFORMATION / DIJETE

First name / Ime: \_\_\_\_\_  
Last name / Prezime: \_\_\_\_\_  
Date of birth / Datum rođenja: \_\_\_\_\_  
Sex / Spol: \_\_\_\_\_  
Nationality / Državljanstvo: \_\_\_\_\_  
OIB: \_\_\_\_\_

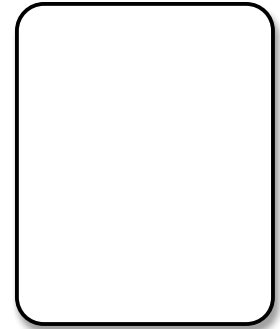


photo / slika

## MOTHER'S INFORMATION / MAJKA

First and last name / Ime i prezime: \_\_\_\_\_  
Occupation / Zanimanje: \_\_\_\_\_  
Company name / Ime firme: \_\_\_\_\_  
Home phone number / Broj telefona: \_\_\_\_\_  
Mobile phone number / Mobitel: \_\_\_\_\_  
E-mail: \_\_\_\_\_

## FATHER'S INFORMATION / OTAC

First and last name / Ime i prezime: \_\_\_\_\_  
Occupation / Zanimanje: \_\_\_\_\_  
Company name / Ime firme: \_\_\_\_\_  
Home phone number / Broj telefona: \_\_\_\_\_  
Mobile phone number / Mobitel: \_\_\_\_\_  
E-mail: \_\_\_\_\_

## EMERGENCY CONTACT / KONTAKT U SLUCAJU NUZDE

First and last name / Ime i prezime: \_\_\_\_\_  
Home phone number / Broj telefona: \_\_\_\_\_  
Mobile phone number / Mobitel: \_\_\_\_\_  
Relationship / Odnos: \_\_\_\_\_

## SIBLINGS / BRACA I SESTRE

Name / Ime	Date of birth / Datum rođenja	School / Škola
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

## HEALTH HISTORY / POVIJEST BOLESTI

Chicken pox / Vodene kozice date / datum: \_\_\_\_\_  
 Measles / Ospice date / datum: \_\_\_\_\_  
 Mumps / Zaušnjaci date / datum: \_\_\_\_\_  
 Other / Ostalo: \_\_\_\_\_ date / datum: \_\_\_\_\_

Your child's health condition (allergies, dietary restrictions, asthma, etc)  
Zdravstveno stanje djeteta (alergije, posebna prehrana, astma, itd.)

\_\_\_\_\_

Does your child take daily medications? / Da li vaše dijete uzima lijekove?

\_\_\_\_\_

## ATTACHED DOCUMENTS / PRILOZI ZAHTEJEVU

1. Four (4) recent photos / 4 fotografije djeteta
2. Birth certificate or passport copy / Rodni list ili preslika putovnice
3. Child's immunization record / Preslika kartona cijepljenja
4. Copy of parent's ID cards or passports / Preslika osobne iskaznice ili putovnice roditelja

Date / Datum: \_\_\_\_\_

Signature / Potpis: \_\_\_\_\_