

APPLICATION FORM 2010-2011

ZAHTEJEV ZA UPIS

STUDENT'S INFORMATION / DIJETE

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

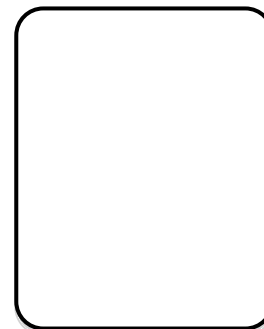


photo / slika

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: _____
Work phone number / Broj telefona na poslu: _____
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: _____
Work phone number / Broj telefona na poslu: _____
E-mail: _____

EMERGENCY CONTACT / KONTAKT U SLUČAJU NUŽDE

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

SIBILINGS / BRAĆA I SESTRE

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

HEALTH HISTORY / POVIJEST BOLESTI

Common childhood diseases / Dječje 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. Birth certificate / Rodni list
2. Copy of parent's ID cards / Preslika osobne iskaznice roditelja

Date / Datum: _____

Signature / Potpis: _____