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| | **KARTA ZGŁOSZENIA DZIECKA DO ODDZIAŁU PRZEDSZKOLNEGO PRZY**  **Szkole Podstawowej w Siedliskach** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Data przyjęcia. | | | .........................................................................................................................  dzień - miesiąc - rok | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **Dane osobowe dziecka** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Nazwisko |  | | | | Imię/ imiona | |  | | | | | | | | | | | | | | | | | | | | | | | | | | Data i miejsce urodzenia |  | | | | PESEL: | |  |  | |  | |  | |  | |  | | |  | |  | | |  | |  | |  | | | | | Adres zameldowania |  | | | | Adres zamieszkania | |  | | | | | | | | | | | | | | | | | | | | | | | | | | **Dane rodziców/opiekunów prawnych\*** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Dane | | **matki/**opiekunki prawnej\* | | | | | | | **ojca/**opiekuna prawnego\* | | | | | | | | | | | | | | | | | | | | | | | | Imię / imiona | |  | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | Nazwisko/ nazwiska | |  | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | Adres zameldowania | |  | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | Adres zamieszkania, jeśli jest inny niż zameldowania | |  | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | **Telefon kontaktowy** | |  | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | Nazwa i adres zakładu pracy | |  | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | **Informacje dodatkowe** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Odległość od zamieszkania do szkoły wynosi | | | | | | | **do 3 km\*** | | | | | | | | | | | **powyżej 3 km\*** | | | | | | | | | | | | | | | Czy dziecko uczęszczało do przedszkola? | | | | | | | **Tak** \* | | | | | | | | | | | **Nie** \* | | | | | | | | | | | | | | | Czy dziecko posiada orzeczenie o niepełnosprawności | | | | | | | **Tak** \* | | | | | | | | | | | **Nie** \* | | | | | | | | | | | | | | | Czy dziecko posiada orzeczenie o kształceniu specjalnym | | | | | | | **Tak** \* | | | | | | | | | | | **Nie** \* | | | | | | | | | | | | | | | Czy dziecko posiada opinię/orzeczenie Poradni Psychologiczno – Pedagogicznej/ jeżeli tak to proszę dołączyć kopię | | | | | | | **Tak** \* | | | | | | | | | | | **Nie** \* | | | | | | | | | | | | | | | Deklaruję uczestnictwo dziecka w zajęciach z religii. | | | | | | | **Tak** \* | | | | | | | | | | | **Nie** \* | | | | | | | | | | | | | | | **Informacje o dziecku i rodzinie** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **Rodzeństwo**  **(podać rok urodzenia i miejsce nauki)** | | | | | | 1. **…………………………………………………………** 2. **………………………………………………………….** 3. **……………………………………………..………….** | | | | | | | | | | | | | | | | | | | | | | | | | | | **Alergie/przyjmowane leki**  **Choroby przewlekłe/przyjmowane leki**  **Wady rozwojowe** | | | | | | **…………………………………………………………………**  **…………………………………………………………………..**  **………………………………………………………………….**  **………………………………………………………………..** | | | | | | | | | | | | | | | | | | | | | | | | | | | **Spostrzeżenia rodziców dotyczące zainteresowań,**  **zdolności dziecka lub trudności, specjalnych**  **potrzeb.** | | | | | | **…………………………………………………………………**  **…………………………………………………………………..**  **………………………………………………………………….**  **………………………………………………………………..** | | | | | | | | | | | | | | | | | | | | | | | | | | | **Deklaracje , zobowiązania rodziców** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Upoważniam do odbioru mojego dziecka z oddziału przedszkolnego, wymienione obok pełnoletnie osoby (poza rodzicami /opiekunami prawnymi).    Bierzemy na siebie pełną odpowiedzialność prawną za bezpieczeństwo odebranego dziecka,  od momentu jego odbioru przez wskazaną, upoważnioną przez nas osobę. | | | | | | 1 .....................................................................  2 ..................................................................... | | | | | | | | | | | | | | | | | | | | | | | | | | | Wyrażam zgodę na udział mojego dziecka w zajęciach terenowych, wyjściach, wyjazdach i wycieczkach organizowanych w ramach programu dydaktyczno – wychowawczego oddziału przedszkolnego. | | | | | | **Tak\* Nie\***  ………………………………………………….  ( podpis rodzica) | | | | | | | | | | | | | | | | | | | | | | | | | | | Wyrażam zgodę na przeprowadzenie przez pielęgniarkę środowiskową badania. (w razie konieczności) | | | | | | **Tak\* Nie\***  ………………………………………………….  ( podpis rodzica) | | | | | | | | | | | | | | | | | | | | | | | | | | | Wyrażam zgodę na przeprowadzenie badania psychologicznego/pedagogicznego/logopedycznego w szkole gdzie będzie uczęszczało moje dziecko. | | | | | | **Tak\* Nie\***  ………………………………………………….  ( podpis rodzica) | | | | | | | | | | | | | | | | | | | | | | | | | | | Wyrażam zgodę na publikowanie prac oraz wizerunku mojego dziecka w prasie i na stronach internetowych w ramach informacji o pracy dydaktyczno – wychowawczej i promocji oddziału przedszkolnego i szkoły | | | | | | **Tak\* Nie\***  ………………………………………………….  ( podpis rodzica) | | | | | | | | | | | | | | | | | | | | | | | | | | | Zgodnie z przepisami ustawy z dnia 29 sierpnia 1997r. o ochronie danych osobowych ( Dz. U. Nr 133,poz.883) wyrażam zgodę na wykorzystanie moich i dziecka danych osobowych w zakresie niezbędnym do pracy szkoły i zachowania bezpieczeństwa mojego dziecka. | | | | | | **Tak\* Nie\***  ………………………………………………….  ( podpis rodzica) | | | | | | | | | | | | | | | | | | | | | | | | | | | **Zobowiązuję się do:**       Przestrzegania postanowień statutu szkoły.       Uczestniczenia w zebraniach rodziców.       Przestrzegania realizacji obowiązkowego **przygotowania przedszkolnego.**       Niezwłocznego informowania szkoły na piśmie o zmianach danych osobowych, danych adresowych. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **Oświadczam, że informacje przedstawione w niniejszej karcie zgłoszenia są zgodne ze stanem faktycznym.**  (Za podanie nieprawdziwych danych mogą być wyciągnięte odpowiednie konsekwencje włącznie ze skreśleniem dziecka z listy)  Informacje dotyczące danych osobowych dziecka i jego rodziny zgodnie z Zarządzeniem Ministerstwa Edukacji Narodowej  nr 5 z dnia 18.03.1993 r. w sprawie sposobu prowadzenia przez publiczne placówki oświatowe dokumentacji przebiegu nauczania (dz. Urz. MEN nr 4/93 poz. 12) są zebrane w celu szybkiego kontaktu w nagłych okolicznościach oraz poznania sytuacji rodzinnej dziecka. Są udostępniane tylko nauczycielom szkoły, którzy są zobowiązani do zachowania tajemnicy służbowej. Na zebranie powyższych informacji o dziecku i jego rodzinie **wyrażam zgodę.** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | ……………………………….dnia............................ ………………………………………………………………….  Czytelny podpis rodziców / opiekunów | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |  |  | |  |  | | | |  | |  | |  | |  | |  | | |  | |  |  | |  | |  | |  |  |  | |   \* niepotrzebne skreślić |
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