



General W. Anders School of Polish Language

6725 W. Devon Chicago, IL 60631
 www.szkołaandersa.com 224-735-7297

REGISTRATION FORM 2018/2019

First and last name	Mother		Father	
Address	House #	Street name	House #	Street name
	Town/City	zip code	Town/City	zip code
Cel #				
Home #				
Email				

	Student's Name	Grade	Date of birth m/d /y	Place of birth	First Communion	New student	PNA member
1							
2							
3							
4							

Please complete boxes on the left			
	1 child	\$460	
	2 children	\$590	
	3 children	\$690	
	1st and 2nd grade – PREPARATION FOR FIRST COMMUNION	\$50	
	Deposit for parent school duty	\$50	
	Late fee	\$50	
	Total	\$	

UWAGA! Podajemy do wiadomości, że po dokonaniu zapisu opłata za szkołę nie będzie zwracana w całości!
 Za czek zwrócony z banku (NFS) będzie pobierana kara w wysokości \$35!

Paid _____ **BALANS DUE** _____

Cash \$ _____ check # _____ \$ _____ Parent signature _____

ALLERGIES OR OTHER MEDICAL CONDITION

	Student 's name	Allergies or other medical conditions
1		
2		
3		
4		

Doctor's name _____ tel.# _____

****EMERGENCY CONTACT during school hours - in a case of emergency call:***

First and Last Name _____ cell # _____

AUTHORIZED PERSONS TO PICK UP KIDS FROM SCHOOL

	First and Last Name	Tel.#
1		
2		
3		
4		

Parent/ guardian signature _____

date _____