**WNIOSEK  
o przyjęcie do klasy ………………… Liceum Kreatywnego  
w roku szkolnym 2024/2025**

|  |  |
| --- | --- |
| **PROFIL** |  |
| **Lider przyszłości** |  |
| **Sztuka i projektowanie** |  |
| **Sztuka cyfrowa** |  |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| **DANE OSOBOWE KANDYDATA** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **PESEL** |  | |  | | | | |  | |  | | | |  | | | |  | | | |  | | |  | |  | | |  | |  | **Płeć** | **K** | **M** |
| **Imię** |  | | | | | | | | | | | | | | | | | | | **Drugie imię** | | | | | | | | |  | | | | | | | |
| **Nazwisko** |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Data urodzenia** |  |  | | | - | |  | |  | | - | |  | | |  | | |  | |  | | | **Miejsce urodzenia miasto, kraj** | | | | | | |  | | | | |
| **ADRES ZAMIESZKANIA KANDYDATA** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Ulica** | | | |  | | | | | | | | | | | | | | | | | | | | | | **Nr domu/ mieszkania** | | | | |  | | | | | |
| **Kod pocztowy** | | | |  | |  | | | **-** | | |  | | |  | |  | | | **Miejscowość** | | | | | | | | |  | | | | | | |
| **Telefon** | | | |  | | | | | | | | | | | | | | | | **email** | | | | | | | | |  | | | | | | | |
| **DANE OSOBOWE OJCA (OPIEKUNA PRAWNEGO)** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Imię** | | | |  | | | | | | | | | | | | | | | | | | | **Nazwisko** | | | | |  | | | | | | | | |
| **Telefon** | | | |  | | | | | | | | | | | | | | | | | | | **email** | | | | |  | | | | | | | | |
| **DANE OSOBOWE MATKI (OPIEKUNA PRAWNEGO)** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Imię** | | | |  | | | | | | | | | | | | | | | | | | | **Nazwisko** | | | | |  | | | | | | | | |
| **Telefon** | | | |  | | | | | | | | | | | | | | | | | | | **email** | | | | |  | | | | | | | | |
| **Szkoła do której kandydat uczęszcza/ł  (podaj nazwę Szkoły)** | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | |

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 (miejscowość) ........................................................................

(czytelny podpis rodzica/opiekuna)

.......................................................................  
(czytelny podpis rodzica/opiekuna)

**WYPEŁNIA PRACOWNIK:**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Nr księga ucznia** |  | **I** |  | **KDR / SKA** |  | **L** |  | **Opinia / orzeczenie nr** |  |

**Czy zostały doniesione dokumenty:**

oryginał świadectwa ukończenia szkoły   
zaświadczenie OKE o wyniku egzaminu   
opinia/orzeczenie poradni psychologiczno-pedagogicznej (jeśli posiada)  
dwa zdjęcia legitymacyjne