

procedure

## APPLICATION FOR A REFERRAL FOR SPECIAL EDUCATION

dated.....

.....  
 .  
 first and last name of the applicant (parent  
 / legal guardian)

.....  
 .  
 address of residence

.....  
 .  
 contact telephone number

**Mayor of the City Office of Krakow****APPLICATION**

I am asking for a referral .....

.....,  
 / first name (names) and surname of the child /

born ..... in .....  
 / dd-mm-yyyy // birthplace /

inhabited .....  
 / address with postal code /

for year .....  
 / school type / \*

being part of .....  
 / name and address of kindergarten, school, centre /

in accordance with the Decision regarding the need for special education No. ....

....., issued on ..... by the Adjudication Group operating in .....

.....

.....  
 / name and address of the psychological-teaching unit /

The student is currently (please fill in a. or b.):

a. attending ..... , year .....  
 / name and address of the kindergarten, school, centre that the student attends or last attended /

b. graduated from ..... , year .....  
 / name and address of the kindergarten, school, centre graduated from by the student /

**I am applying for / I am not applying for\*\* a place for my child in a boarding school.**

*I agree to the processing of my personal data in accordance with the Act of 29 August 1997 on the protection of personal data (Journal of Laws of 2016, item 966), for purposes related to obtaining a referral for special education.*

.....  
 (applicant's signature)

\* Kindergarten, Primary School, High School, Technical School, Industry School, Professional Specialized School, Industry School II level, Post-secondary School.

\*\* Delete as appropriate.

Attached:

1. Decision regarding the need for special education.