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| **Základní škola a Mateřská škola, Louka u Litvínova, okres Most** | | | | | | | | | | | | | | | | | | | | | | | | | |
| Telefon: 773836650 e-mail: zslouka@zslouka.cz www.webskoly.cz/zslouka | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **ZÁPISOVÝ LÍSTEK** | | | | | | | | | | | | | | | | | | | | | | | | | |
| **ke vzdělávání v základní škole ve školním roce 2020/2021** | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Údaje o dítěti: | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Jméno a příjmení: |  | | | | | | | | | | | | |  | Registrační číslo: | | |  | | | | | | | |
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| Rodné číslo: |  | | | | | | | | | | | | |  | Datum narození: | | |  | | | | | | | |
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| Místo narození: |  | | | | | | | | | | | | |  | Stát narození: | | |  | | | | | | | |
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| Okres narození: |  | | | | | | | | | | | | |  | Zdravotní pojišťovna: | | |  | | | | | | | |
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| Trvalé bydliště: |  | | | | | | | | | | | | | | | | | | | | | | | | |
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| Přechodné bydliště: |  | | | | | | | | | | | | | | | | | | | | | | | | |
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| Státní občanství: |  | | | | | | | | | | | | | | | | | | | | | | | | |
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| Název předchozí školy: |  | | | | | | | | | | | | | | | | | | | | | | | | |
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| Poznámky ke zdrav. stavu: |  | | | | | | | | | | | | | | | | | | | | | | | | |
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| Doplňující údaje ohledně zápisu: | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Budeme žádat o odklad: | |  |  | ano |  |  | ne | |  | | | | | | Odklad v loňském roce: | | | |  |  | ano |  |  | ne |  |
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| Třída sourozence na škole: | |  | | | | | | | | | | |  | | Školní družina: | | | |  |  | ano |  |  | ne |  |
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| Údaje o 1. zákonném zástupci: | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Jméno a příjmení: |  | | | | | | | | | | | | |  | Vztah (otec/matka): | |  | | | | | | | | |
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| Bydliště: |  | | | | | | | | | | | | | | | | | | | | | | | | |
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| Mobilní telefon: |  | | | | | | | | | | | | |  | Telefon: | |  | | | | | | | | |
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| Telefon do zaměstnání: |  | | | | | | | | | | | | |  |
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| Zaměstnání: |  | | | | | | | | | | | | | | | | | | | | | | | | |
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| Zákonný zástupce pro doručování písemností: | | | | | | | |  |  | ano |  |  | | ne | |  | | | | | | | | | |
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| Údaje o 2. zákonném zástupci: | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Jméno a příjmení: |  | | | | | | | | | | | | |  | Vztah (otec/matka): | |  | | | | | | | | |
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| Bydliště: |  | | | | | | | | | | | | | | | | | | | | | | | | |
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| Mobilní telefon: |  | | | | | | | | | | | | |  | Telefon: | |  | | | | | | | | |
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| Telefon do zaměstnání: |  | | | | | | | | | | | | |  |
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| Zaměstnání: |  | | | | | | | | | | | | | | | | | | | | | | | | |
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| Zákonný zástupce pro doručování písemností: | | | | | | | |  |  | ano |  |  | | ne | |  | | | | | | | | | |
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