**TO**

**THE HEAD OF THE REGIONAL**

**DEPARTMENT OF EDUCATION**

**...........................................................................**

**APPLICATION**

from
..................................................................................................................................................

 *(name, middle name, surname)*

PNF/PIN .………………………………….………., accommodation address:

district ……………………… municipality …………………… city/town …………………

exact address …………………………………………………….……………………………

citizenship: ……………………… e-mail:………………………….. phone:………………….

As a **parent/guardian/trustee/representative** of: *(cross out the false)*

....................................................................................................................................................

*(name, middle name, surname of the child)*

**PNF** .……………………… **date of birth:** .… /…. /………. (day/month/year)

**citizenship:** …………………… **sex:** □ male □ female

**status of the child:** □ international protection □ temporary protection

accommodation address: □ same as the applicant’s address

…………………………………………………….……………………………………

…………………………………………………….……………………………………

*(district, municipality, city/town, exact address)*

**1. Language skills:**

а) level of proficiency in **Bulgarian**: □ none □ basic □ good

B) level of proficiency in another EU language:

English: □ basic □ good

German: □ basic □ good

French: □ basic □ good

………… language: □ basic □ good

**2. Last attended kindergarten group or school grade:**

 □ none □ kindergarten □ school

country: …………………………

group/grade …. Profile/profession: ……………………. □ complete □ not complete

**3. Others**

□ need for textbooks and student materials

□ need for resource support (for children with special educational needs)

**DEAR MR./MS.,**

I would like my son/daughter/the child I represent to be referred to a kindergarten/school (cross out the false) in order to continue his/her education in the Republic of Bulgaria.

Yours sincerely,

…………………………………...................................................................................................

*(signature, name and surname of the parent/guardian/trustee/representative of the minor foreigner seeking or having been granted protection)*

Date:

.… /…. /……….

(day/month/year)