



**Polska Szkoła im. Sw. Jana Pawła II
w Las Vegas
Saint John Paul II Polish School
www.polishschoollv.com**

Informacje:

Elzbieta Youngman – (702) 232-4488

wysylac na adres:

e-mail: polishschoollv@gmail.com

KARTA WPISOWA NA ROK SZKOLNY 2016 - 2017



NAZWISKO UCZNIĄ (Student's Name): _____

ADRES (address): _____

E-MAIL: _____

Telefon domowy (home telephone #): _____

RODZICE (parents)

Imie matki (mother's name): _____

Telefon komorkowy (cell telephone #): _____

Imie ojca (father's name): _____

Telefon komorkowy (cell telephone #): _____

OSOBA W RAZIE WYPADKU (emergency contact person)

Imie i nazwisko (first, last name): _____

Telefon (contact telephone #): _____

Specyficzne informacje o uczniu
(choroby, podawanie lekarstw, potrzeby,
etc.)

Special information about a student
(illness, medications, special need, etc.)

➤ *Wpisac wszystkie dzieci, ktore beda uczeszczac do Polskiej Szkoły (Fill out for each student attending school)*

Nazwisko Ucznia <i>(last name)</i>	Imie Ucznia <i>(first name)</i>	Data Urodzenia <i>(date of birth: M/D/Y)</i>	Miejsce Urodzenia <i>(place of birth)</i>	Klasa <i>(grade)</i>	Oplata <i>(tuition)</i>

OPLATA ROCZNA (tuition) 1 st child- \$250; 2 nd child-\$230; 3 rd child- \$210	\$
Oplata wpisowa \$30 za rodzine (registration fee)	
OPLATA PO 12 WRZESNIU (late registration fee after September 12) - \$20	

ZAPLACONO (PAID): \$ _____

Check # _____

Cash Yes: _____

Podpis Przedstawiciela Szkoły
(School Administrator's Signature)

Data
(Date)

Podpis Rodzica
(Parent's Signature)

Data
(Date)

*Saint John Paul II Polish School
Resides at: Our Lady of Las Vegas Catholic School
(current location of Polish School: 3046 Alta Drive, Las Vegas, NV 89107)*

INSURANCE AND HOLD HARMLESS

The usher's family agrees to the extent allowed by law to protect, indemnify, save, and keep harmless Our Lady of Las Vegas School and Church, and John Paul II Polish School, its officers, agents, servants, and employees against and from any accident or other occurrence on or about said premises as a result of incident to, occasioned by or during usher's use, causing injury to person or property whomsoever and whatsoever; and will protect, indemnify, and save, and keep harmless the above mentioned parties from any and all claims, cost or expense arising out of any failure of the usher in any respect to comply with, and perform all the requirements and provisions agreed to, and required by any law ordinance.

MEDICAL CONSENT AGREEMENT

If neither parent can be contacted, I authorize the John Paul II Polish School to take such emergency action as may be deemed necessary.

I have read and fully understand the above details and waiver and release of all claims.

Parent/Guardian's Signature

Date

INVOLVEMENT AGREEMENT

As a parent and a member of the Polish School, I agree to support and being actively involved in all events organized by the school. I understand that all profits from any event go toward the school funds. I agree to make a donation prior to the event if I am unable to actively support it.

Parent/Guardian's Signature

Date