



FILL IN WITH CAPITAL LETTERS (READABLE)

The summer school of Polish language, literature and culture

Cieszyn, August
(year)

Application Form

Surname:

Name:

Date of birth: day month year

Sex: ☐ male ☐ female

Country: Passport No.:

E-mail: Telephone No.:

Home address:

Country: City:

Postcode: Street, home:

Mailing address:

Country: City:

Postcode: Street, home:

Knowledge of Polish:

	spoken	written
none	<input type="checkbox"/>	<input type="checkbox"/>
poor	<input type="checkbox"/>	<input type="checkbox"/>
fair	<input type="checkbox"/>	<input type="checkbox"/>
good	<input type="checkbox"/>	<input type="checkbox"/>
excellent	<input type="checkbox"/>	<input type="checkbox"/>

Additional information

— Do you want vegetarian meals during the whole month?: ☐ Yes ☐ No

— Do you want to book a single room for an extra fee? ☐ Yes ☐ No

— How did you learn about the School?

I understand the rules of participation in the course. My health condition is no obstacle for my taking part in it. I agree that my personal data will be lawfully processed for the School purposes (Ustawa o ochronie danych osobowych, Dz. Ustaw nr 133, poz. 833 z dn. 29 sierpnia 1997 roku).

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Date

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Signature