



**Polska Szkoła im. Jana Pawła II
w Las Vegas
John Paul II Polish School**

Informacje:

Joanna Nowak 241-6824

Eva Wasiuta 327-2750

Karty Wpisowe wysylac na adres:

Joanna Nowak/Polska Szkoła

7234 Abbeville Meadows Av

Las Vegas, NV 89131

KARTA WPISOWA NA ROK SZKOLNY 2010 - 2011



NAZWISKO (Family Name): _____

Adres (address):

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)</i>	Miejsce Urodzenia <i>(place of birth)</i>	Klasa <i>(grade)</i>	Oplata <i>(tuition)</i>

OPLATA WPISOWA (registration fee \$ 20 per student)	\$
OPLATA ROCZNA (tuition fee \$200 for 1 st child, \$180 – 2 nd child, \$160 – 3 rd child)	\$
PNA UBEZPIECZENIE (PNA insurance fee)	Paid by PNA/Polish School

ZAPLACONO (PAID): \$ _____

Check # _____

Cash Yes: _____

Podpis Przedstawiciela Szkoły
(School Administrator's Signature)

Data
(Date)

Podpis Rodzica
(Parent's Signature)

Data
(Date)

*John Paul II Polish School
Resides at: Trinity United Methodist Church
(current location of Polish School: 6151 W. Charleston Blvd, Las Vegas, NV 89146)*

INSURANCE AND HOLD HARMLESS

The usher's family agrees to the extent allowed by law to protect, indemnify, save, and keep harmless Trinity United Methodist Church, and John Paul II School of Polish Language, and Polish American Social Club, 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 School of Polish Language 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