|  |
| --- |
| **Mother Tongue Lessons - Application form** |

 Please complete the following form and return it to Dan Skoda, office V 007 at PBIS Vlastina

 or by mail to dan.skoda@pbis.cz.. You will be contacted with details of the course then.

 **Applicant (child):**

|  |  |
| --- | --- |
| **First Name and Surname:** |  |
| **Year and Class:** |  |
| **Age:** |  |
| **Nationality** (if mixed, please both) **:** |  |
| **Mother Tongue** (1st language spoken at home) **:** |  |
| **Mother Tongue Required:** |  |
| **Mother Tongue Level:**(For their age group please estimate – Beginner, Pre-Intermediate, Intermediate, Advanced) | Spoken: | Written:  |
| **Location of lessons** (tick one site, please)**:** | **PBIS Kamýk**  | **PBIS Vlastina** | **PBIS Libuš** |

**Schedule:**

 Please tick all days that are suitable for your child

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Time / Day | **MONDAY** | **TUESDAY** | **WEDNESDAY** | **THURSDAY** | **FRIDAY** |
| **(time is usually 15.00-16.00)** |  |  |  |  |  |

**Parent(s):**

|  |  |
| --- | --- |
| **Name:** |  |
| **Phone:** |  |
| **E-mail:** |  |
| **Invoicing**  **details:** | Name and address requested on the invoice:………….…………….…………………….……Person responsible for payment:…………….………………………...……………………… Her/his tel. number: ……………………………E-mail:……………………………………… Invoices are issued in electronic form only and sent by email (in accordance with law 235/2004 Sb. on VAT, $ 26 par. 4)  |

Thank you for your interest and for your time.

 **Dr. Dan Škoda**

 Head of the International Language Centre PBIS

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