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| **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](mailto: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

PBIS Vlastina, office V 007 [dan.skoda@pbis.cz](mailto:dan.skoda@pbschool.cz) tel. 603 891 750 / 226 096 173