

Bulgarian Cultural Center - Detroit Bulgarian School

First, Middle and Last Name (in Bulgarian):

First, Middle and Last Name (in English):

Date of Birth:

/month, day, year/

Birth Place: /city, country/

Address (in English):

Mother:

Address:

Phone Numbers: Home:

Cell:

E-mail:

Education:

Workplace and Position:

Father:

Address:

Phone Numbers: Home:

Cell:

E-mail:

Education:

Workplace and Position:

Doctor:

/name and phone number/

Allergies/Health problems

Person (different than parents) that can take your child from school:

/name and phone number/

Bx. N...../.....2016r.

To the Director of
Bulgarian School - Detroit

Application

From _____
/parent or guardian of the child/

Address: _____

Home/ Cell Number: _____

Dear Mrs. Director,

I would like to register my son (daughter)

Date of birth _____

In _____ grade in Bulgarian School - Detroit for the school year 2016/2017.

Date: _____

Signature: _____