

Bx. N...../.....2017 г.

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 2017/2018.

Date: _____

Signature: _____