

Bulgarian Cultural Center - Detroit Bulgarian School - Registration Form

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: (if different from above)

Phone Number:

E-mail:

Education:

Workplace and Position:

Father:

Address: (if different from above)

Phone Number:

E-mail:

Education:

Workplace and Position:

Doctor:

/name and phone number/

Allergies/Health Problems

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

/name and phone number/

Bx. N...../.....2020 г.

To the Director of
Bulgarian School - Detroit

Application

From _____
/First and last name of parent or guardian/

Address: _____

Cell Number: _____

Dear Director,

I would like to register my son/s (daughter/s) for the school year 2020/2021

1. _____
(First, Middle and Last Name in Bulgarian)

Date of birth _____

2. _____
(First, Middle and Last Name in Bulgarian)

Date of birth _____

3. _____
(First, Middle and Last Name in Bulgarian)

Date of birth _____

Date: _____

Signature: _____