

Bx. N...../.....2025 r.

To the Director of
Bulgarian School - Detroit

Application

From _____
/parent or guardian of the child/

Dear Mrs. Director,

I would like to register my son/s (daughter/s)

in _____ grade in Bulgarian School - Detroit for the school year 2024/2025

at Troy _____ Ann Arbor _____ location.

Level of Bulgarian language proficiency (writing, reading, speaking):

Date: _____

Signature: _____

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/

Place of Birth:

/city, country/

Address (in English):

Mother:

Address:

Phone Number:

E-mail:

Education:

Workplace and Position:

Father:

Address:

Phone Number:

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/

Photo & Media Release Form

I hereby grant permission to the **Bulgarian School** and the **Bulgarian Cultural Center** to use my child's image, video, voice, schoolwork, and/or first name for the purpose of promotion, education, or representation in print, news, websites, and social media.

I understand that these materials may be used in both internal and external communications without restriction as to frequency or duration.

I also agree to release and hold harmless the Bulgarian School, the Bulgarian Cultural Center, and their officers, contractors, volunteers, and employees from and against any and all claims, demands, actions, complaints, suits, or other forms of liability that may arise out of, or by reason of, the use of my child's image, voice, video, school work, and/or first name in any format.

This consent is granted without expectation of compensation.

Student's Name: _____

Parent/Guardian Printed Name: _____

Parent/Guardian Signature: _____

Date: _____