

URŠULINSKI ZAVOD ZA VZGOJO, IZOBRAŽEVANJE IN KULTURO

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IZPOLNI VRTEC

Sprejeto dne: _____
Št. vloge: _____

»VLOGA« for Angelin vrtec

Parent's name _____

Child name _____, girl/boy, was born _____.

Your address (Russia): street _____, town _____,

_____, telephone: _____.

e-mail: _____.

Your address in Slovenija (if you know):

_____.

Do Your child has any difficulties:

_____.

Your remarks:

_____.

Date: _____

Parents

(your sign)