

Bulgarian School "Bulgarian Language" in Saint Louis

**Enrolment Application for the 2016-2017 school year\***

Date:.....

Student's Legal Name (Please Print)

.....

Student's Date of Birth:...../...../.....

Country of Birth: .....

Gender:  Male  Female

Current Local Address:

.....

Phone: ..... Email:.....

Please indicate if you have allergies or any other medical condition that the school needs to be aware of:

.....

Emergency contact Information:

Name: .....

Address.....

Phone:.....

**Bulgarian language proficiency level:**

- Do not understand or speak except isolated words
- Can understand and speak conversational and academic Bulgarian with difficulties
- Can understand and speak conversational and academic Bulgarian with ease

During the 2016-2017 school year I would like to enroll in the following Bulgarian as a second language class:

- First Level
- Second Level

Classes are held on Sundays during the school year, except holidays, from 4.30pm to 5.30pm at:

Address:

1485 Craig Rd  
Creve Coeur MO 63141

Date:.....

Student Signature: .....

Printed Name:.....

\*Disclaimer: The information contained in this document is strictly confidential and shall not be shared with any third parties or the governments of US and Bulgaria. The information will be used only for the needs of the school and the students.