2.pielikums

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|  | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  (*Iesniedzēja- vecāka vai likumiskā pārstāvja vārds, uzvārds*) |
|  | | personas kods \_\_ \_\_ \_\_ \_\_ \_\_ \_\_ -\_\_ \_\_ \_\_ \_\_ \_\_, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  (*deklarētā dzīvesvieta*) |
|  | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  (*faktiskā dzīvesvieta, ja nesakrīt ar deklarēto*) |
|  | | Tālrunis \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  e-pasts \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **IESNIEGUMS** | | |
| **Lūdzu uzņemt** manu dēlu/meitu | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
| *personas kods*  *dzimšanas datums (dd.mm.gggg.)* | *\_\_\_ \_\_\_ \_\_\_ \_\_\_ \_\_\_ \_\_\_ -\_\_\_ \_\_\_ \_\_\_ \_\_\_ \_\_\_,*  \_\_\_\_\_\_\_.\_\_\_\_\_\_.20\_\_\_\_\_\_ | |
| *deklarētā dzīvesvieta* | *\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_* | |
| *faktiskā dzīvesvieta* | *\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*  (*ja nesakrīt ar deklarēto*) | |
|  | | |
| Izglītības iestādes nosaukums ģenitīvā | | |
| pirmsskolas izglītības programmā, programmas kods \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  ar 20\_\_.gada \_\_.\_\_\_\_\_\_\_\_\_\_\_\_ | | |
| Papildinformācija par bērnu: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |
| Esmu informēts(-a), ka Iestāde veic personas datu apstrādi, kas nepieciešama iestādes funkciju veikšanai, atbilstoši datu aizsardzības normatīvo aktu prasībām.  Esmu iepazinies/-usies ar izglītības iestādes nolikumu, iekšējās kārtības noteikumiem un tos ievērošu. | | |
| 20\_\_\_.g. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ /\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_/  *Iesniedzēja paraksts un atšifrējums* | |
| Atzīme par iesnieguma saņemšanu *(aizpilda iestādes darbinieks):*  Iesniegums saņemts: 20 \_\_\_\_.g. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ /\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ *Saņēmēja paraksts un atšifrējums* | | |