

THE ENGLISH COLLEGE IN PRAGUE - ANGLICKÉ GYMNÁZIUM, o.p.s.

- Please fill in the request form for reduced tuition fee <u>in all its parts carefully in your own</u> <u>interest</u>. The request form only contains questions necessary for its evaluation. Cross out what does not concern you. Incomplete form would have to be returned to you for completion.
- \square Tick if suitable.
- Other important information not included in the form please fill in on the back side or in the attachment.
- If you are applying for a reduced tuition fee for more than one child in one family, fill in one request for all children and state their names.

Addressee:

The English College in Prague – Anglické gymnázium, o.p.s., Sokolovská 320, Post code 190 00, Praha 9 – Vysočany, ID no.: 257 19 815, registered with the public interest companies register maintained by the Municipal court in Prague, section O, file no.: 69 (the **College**)

REQUEST FOR REDUCED TUITION FEE

Because our family income does not allow us to pay the standard tuition fee, we hereby apply for reduced tuition fee **for the school year**......With that we state the facts and documentation concerning the financial situation of the family **in the previous calendar year**.

STUDENT NAME	STUDENT NUMBER *

^{*} Write "NEW" next to new students and the year they are applying for.

I. DECLARATION OF THE TUITION PAYER

 □ The whole tuition shall be paid by the parents of the student. □ The whole tuition - □Part of the tuition -shall be paid for the student by (list name or business name, relation to the student or his/her parents, eventually the amount that shall be paid):
II. CORRESPONDENCE REGARDING THE TUITION FEE
We shall accept and assume all correspondence regarding the tuition fee. We shall inform the College about any change of address without delay.
Correspondence regarding tuition fee should be send
 □ to the mother to the address stated on the next page □ to the father to the address stated on the next page □ to the following address:

III. SIBLINGS

Apart from the children listed above, the family is supporting also these children from the income stated on the following pages:

NAME	AGE	ATTENDED SCHOOL

applicant is entitled to acces	est are subject to protection under the Act no. s his/hers saved data to the extent stated by the cessing his/her personal data.			
IV. MOTHER OF THE STUDENT				
Name and date of birth:				
Correspondence address:				
Employer (full time employment):				
Self - employment (type, name, seat):				
A. INCOME FROM EMPLOYM	ENT (fill in if you have income as an employee)			
	ITEM	CZK / YEAR		
The sum of total (worldwide)	income from employment (net wage)			
B. INCOME FROM OTHER AC	TIVITIES (other income than as an employee)			
	ITEM	CZK / YEAR		
Sum of all (worldwide) income				
Sum of all expenses and costs				
Income tax base				
Income tax				
C. OTHER INCOME				
	ITEM	CZK/ MONTH		
Child benefits: Number of chil				
Child support: number of child				
Pension: □old-age □ disabili	ty ⊔ social security ⊔other:			
Social security benefits:				
Other (worldwide) income:				
 D. NO INCOME (fill in, if you did not have any income) ☐ I did not have any taxable or non - taxable income in the stated calendar year. ☐ The tuition fee shall be paid by ☐the father ☐ *the sponsor, as stated elsewhere in this form. ☐ I state and document the reasons and circumstances of this situation in the attachment and name the sources of payment for the tuition fee and describe how I am going to deal with this situation in the future. 				
	yer's payroll department on taxable income for th laration for the applicable year with a presentati			

office.

 $\hfill \square$ Confirmation on the amount of pension.

☐ Other documents:				
DECLARATION I declare and confirm that the information stated above is according to my best knowledge correct and complete. If the tuition fee is provided, I undertake to inform the school about any changes in income or other circumstances significant for providing reduced tuition fee.				
I give my consent to the College to make queries where appropriate for verification and completion of data and to competent authorities or persons to provide the College with information concerning my income. For those purposes I hereby grant the power of attorney to the College. I take into account that the College considers such data strictly confidential and that the data shall be accessible by school headmaster, finance director and registrar only.				
I take into account that the possible provision of reduced tuition fee is strictly subject to discretion and decision of the College. All data stated in this request are subject to protection under the Act no. 110/2019 Coll. The applicant is entitled to access to his/hers information to the extent stated by the law. The applicant hereby grants consent for processing his/her personal data.				
Date:	Signature :			
Name and date of birth:				
Correspondence address:				
Employer (full time employment): Self - employment (type,				
name, seat):				
A. INCOME FROM EMPLOYM	ENT (fill in if you have income as an employee) ITEM	CZK/ YEAR		
The sum of total (worldwide)		CZIV TLAIT		
The sum of total (worldwide) income from employment (net wage) B. INCOME FROM OTHER ACTIVITIES (other income than as an employee)				
	ITEM	CZK/ YEAR		
Sum of all (worldwide) income				
Sum of all expenses and costs Income tax base				
Income tax				
meditie tax				
C. OTHER INCOME				
	ITEM	CZK / MONTH		
Child benefits: Number of child				
Child support: number of children				
Pension: □old-age □ disability □ social security □other:				
Social security benefits: Other (worldwide) income:				
Other (worldwide) meome.				

<u>D. NO INCOME</u> (fill in, if you did not have any income)☐ I did not have any taxable or non - taxable income in the stated calendar year.

 □ The tuition fee shall be paid by □the mother □ *the sponsor, as stated elsewhere in this form. □ I state and document the reasons and circumstances of this situation in the attachment and state the sources of payments for the tuition fee and describe how I am going to deal with this situation in the future.
E. DOCUMENTS I enclose:
 □ Confirmation of the employer's payroll department on taxable income for the applicable year. □ A copy of income tax declaration for the applicable year with a presentation stamp of the Tax office. □ Confirmation on the amount of pension. □ Other documents:
DECLARATION I declare and confirm that the information stated above is according to my best knowledge correct and complete. If the tuition fee is provided, I undertake to inform the school about any changes in income or other circumstances significant for providing reduced tuition fee. I give my consent to the College to make queries where appropriate for verification and completion of data and to competent authorities or persons to provide the College with information concerning my income. For those purposes I hereby grant the power of attorney to the College. I take into account that the College considers such data strictly confidential and that the data shall be accessible by school headmaster and economist only. I take into account that the possible provision of reduced tuition fee is strictly subject to discretion and decision of the College. All data stated in this request are subject to protection under the Act no. 110/2019 Coll. The applicant is entitled to access to his/hers information to the extent stated by the law. The applicant hereby grants consent for processing his/her personal data.
Date: Signature :

VI. OTHER DATA AND INFORMATION