**Letter of Attorney**

The child's legal representative mentioned above

Name of child ................................................ .................................................. ............................................

Date of birth of child ............................................... .................................................. ..........................

Place of birth of child ............................................... .................................................. ...........................

Child's permanent residence ............................................... .................................................. ............................

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**I authorize the second guardian of the child:**

Name and surname:.............................................. .................................................. ......................................

Date of birth : ............................................... .................... ID number : ........................... ......................

Permanent address: ............................................... .................................................. ............................................

to carry out all necessary administrative tasks related to the registration of our son / daughter and I agree to study my child at the Private Elementary School in Česká 10, Bratislava / Kremeľská 2, Devín. (strike out what does not apply)  
  
In Bratislava, on .................................. Signature: