

**Students’ application form and parent’s declaration for Szabolcsi Bence Level Music and Artistic School**

Please fill out this form with CAPITAL LETTERS!

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| Applicant student: |
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Education identification number {11 digits}:  |  Boy [ ]  Girl [ ]  |
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|  |  |  |  |  |  |  |  |  |

Social security number: | Citizenship / nationality:  |
| Place of birth:  | Date ot birth: |
| number of the document of the registered residence permit\*:  |  |

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| Mother’s birth name::  |
| Phone number: |
| E-mail adress: |
| Father’s (legal representative) name: |
| Phone number: |
| E-mail adress:  |
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Place of residence (habitual residence): | City:  |
| Street, number, floor, door:  |
| Place of residence: |

|  |  |
| --- | --- |
| The name and address of school in which the student completes compulsory education: | which grade:  |

\* in case of a non-Hungarian citizen

 **DATA RELATED TO MUSIC SCHOOL STUDIES**

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| --- | --- |
| Department (instrument): | Teacher: |
| The student completed her/his music school studies in the 20/20 academic year: a) **STARTS** [ ] b) **CONTINUE** [ ]  |

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|  As a parent/legal guardian, I declare that my child is receiving education at another primary art school.**TAKE PART** [ ]  **DO NOT PARTICIPATE** [ ]  |
| If yes:- name of other institution:- art branch/department/subject:Which institution do you wish to pay the fee to?\*\* |

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| **As a parent/legal representative, I declare,****-** that I have read the RULES and acknowledge their contents.- that I will pay the prescribed fee/tuition by the deadline specified by the school.I acknowledge that failure to pay the prescribed fee may result in the termination of the student status. |

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| **As a parent/legal guardian I CONTRIBUTE** [ ]  **I DO NOT CONTRIBUTE TO IT** [ ] so that my child can be photographed and/or audio recorded at the events and programs of the Budapest V. District Szabolcsi Bence Music Academy, and that they can be published on the school's website and occasionally in the media. |

\*\* In the case of two primary art schools, a fee is payable in one and a tuition fee in the other..

Date, day\_\_\_\_\_month\_\_\_\_\_\_\_\_\_year\_\_\_\_

 **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 signature of the declarant

 (legal representative in case of a minor)

**CONSENT STATEMENT FOR THE PROCESSING OF STUDENTS' PERSONAL DATA**

Please fill in by type or in block letters**!**

I, the undersigned,\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, declare that by signing this document I VOLUNTARILY CONSENT to the institution, as Data Controller, processing the personal data of the student indicated above in accordance with the laws applicable to public education institutions.

|  |  |
| --- | --- |
| **Student’s name:**  |   |
| **Student’s adress:**  |   |
| **Name of legal representative:** |   |
| **Adress of legal representative** |   |
| **Legal representative phone number:**  |   |
| **Legal representative email address:** |   |
| **Additional information:**  |   |

Data of the institution performing the data processing:

|  |  |
| --- | --- |
| **Company name (Data controller):**  |  Budapest V.district Szabolcsi Bence Music Elementary School of Arts |
| **Headquarters:** | 1052 Budapest, Vármegye Street 9. |
| **OM ID:**  |  039663 |
| **Representative name:**  |  Sztepánovics Gábor |
| **Internal Data Protection Officer:**  |  head of institution |

The Data Controller has provided me with the following preliminary information in connection with the processing of my personal data: the legal basis for the Institution's data processing for the purposes specified above is the consent of the data subject, which is clear and explicit. The data subject's explicit consent to the processing of his/her data for the purposes specified above is sought after the information on the processing of his/her data, or by means of a paper-based declaration. The scope of data subjects: all natural persons who give their explicit consent to the Institution processing his/her personal data for the purposes specified above. The categories of recipients of personal data (who may learn about the data): the head of the Institution, employees performing customer service tasks based on their job. The scope of personal data processed: name, address, telephone number, e-mail address, (additional personal data may be provided as necessary). Place of data processing: the registered office of the Institution. The consent given to the processing of personal data is valid until withdrawn. I have acknowledged that I have the right to request access to my personal data from the data controller, rectification, erasure, restriction of processing of my personal data, data portability, withdrawal of my consent without time limit, and to file a complaint with the National Authority for Data Protection and Freedom of Information. More information can be found in the data processing information available on the Data Controller's website.

Date, day\_\_\_\_\_month\_\_\_\_\_\_\_\_\_year\_\_\_\_

 **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 signature of the declarant

 (legal representative in case of a minor)