**APPLICATION FORM FOR A PLACE IN THE HALL OF RESIDENCE**

Hall of residence: Dijaški dom Lizike Jančar Maribor   
School year: *izberite element.*   
From the date: select date .

**\* Social Security number** would it that case be **Unique citizen number** [date,number for gender and 3digit number] and **Tax Number** is **VAT number**[without country code in front of number if you have it like that].

1. Personal name of the candidate:Enter your name and surname
2. Birth data (day, month, year of birth; place of residence, municipality and country of birth): Enter the date and place of birth
3. Gender: M F 4. Social Security Number\*: Enter your Social Security Number 5. Nationality: Enter your nationality.
4. Tax Identification Number\*: Enter your Tax Identification Number
5. Street and number Enter your home address Postcode: Enter your postcode and city/town: *Enter the name of the city/town*, Municipality: *Enter municipality*, Country: Enter the name of the country.
6. Contact (telephone number and e-mail address): Enter the phone number, *Enter the e-mail address*
7. Name and address of the school: *Enter the name of the school in which you are enrolling*

Educational (study) programme Enter the name of the study programme , year of study (*select the year of study🡪*): *izberite letnik*

10. INFORMATION ON PARENTS OR LEGAL REPRESENTATIVES

a. Personal name: *Enter your name and surname* b. Tax Identification Number: *Enter your Tax Identification Number*

1. Address of residence: *Enter the address of residence*
2. Contact (telephone number and e-mail address): *Enter tel. num. of the parent/legal representative*, *e-mail of the parent/legal representative*

a. Personal name: *Enter your name and surname* b. Tax Identification Number: *Enter your Tax Identification number*

1. Address of residence: *Enter the address of residence*
2. Contact (telephone number and e-mail address): *Enter tel. num. of the parent/legal representative*, e-mail of the parent/legal representative

Candidate's signature: Signature of the parent or legal representative:

………………………………………. …..………………… ………...……………..

Place: Date:

*Enter the name of the place*, *select date*

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# Acknowledgment of receipt of the application form

The candidate *name and surname*  submitted the application form on select date .

Stamp and signature of the person responsible:

*ATTACHMENT:*

**TRANSFER OF THE APPLICATION FORM***: Enter the name of the hall of residence*

Candidate's signature: Signature of the parent or legal representative:

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Place: Date:

*Enter the name of the place*, select date

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# Acknowledgment of receipt of application form and attachment of transfer

The candidate………………….……………………………… submitted the application form on

……………….. (date)

Stamp and signature of the person responsible

Obr. PSDD-MŠŠ-1/19