



Súkromné gymnázium  
Česká 10, 831 03 Bratislava  
zastúpené PaedDr. Martinou Danišovou  
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Parent or Guardian's last and first names, address, phone number, email

Súkromné bilingválne gymnázium

Česká 10

831 03 Bratislava

Date \_\_\_\_\_

### Entrance Exams Registration Form

Dear Principal,

I would like to request you that my son/my daughter take admission exams for the IB Diploma Programme in the school year 2025-2026.

First Name: \_\_\_\_\_

Family Name: \_\_\_\_\_

Called Name (Nickname): \_\_\_\_\_

Birth date: Day: \_\_\_\_\_ Month: \_\_\_\_\_ Year: \_\_\_\_\_

Parents' Names: \_\_\_\_\_

I have attached the academic reports for both last year and the first semester of the current school year.

The application form is being sent to the email address [riaditel@gymnaziumceska.sk](mailto:riaditel@gymnaziumceska.sk)

I consent to the processing of the personal data in the application for the needs of the admission procedure (GDPR).

Kind regards,

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Parent or Guardian's Signature