|  |  |  |
| --- | --- | --- |
|  | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  (***Iesniedzēja****- vecāka vai aizbildņa vārds, uzvārds*) |
|  | | personas kods \_\_ \_\_ \_\_ \_\_ \_\_ \_\_ -\_\_ \_\_ \_\_ \_\_ \_\_, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  (*deklarētā dzīvesvieta*) |
|  | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  (*faktiskā dzīvesvieta, ja nesakrīt ar deklarēto*) |
|  | | Tālrunis \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  e-pasts \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **IESNIEGUMS** | | |
| **Lūdzu uzņemt** manu dēlu/meitu | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ *(Bērna vārds, uzvārds*) | |
| *personas kods*  *dzimšanas datums* | *\_\_\_ \_\_\_ \_\_\_ \_\_\_ \_\_\_ \_\_\_ -\_\_\_ \_\_\_ \_\_\_ \_\_\_ \_\_\_,*  \_\_\_\_\_\_\_.\_\_\_\_\_\_.20\_\_\_\_\_\_ | |
| *dzimšanas apliecības sērija, numurs* | \_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
| *izdošanas vieta un datums* | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
| *deklarētā dzīvesvieta* | *\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_* | |
| *faktiskā dzīvesvieta* | *\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*  (*ja nesakrīt ar deklarēto*) | |
| Mārupes novada **pirmsskolas izglītības iestādē „Zeltrīti”**, Mārupē, Gaujas ielā 41, | | |
| vispārizglītojošā 🗆  pirmsskolas izglītības programmā | obligātajā piecgadīgo un sešgadīgo bērnu 🗆 sagatavošanā pamatizglītības apguvei programmā | |
|  |  | |
| Vēlamais laiks bērna uzņemšanai | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
| Papildinformācija par bērnu: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |
| *Esmu informēts(-a), ka Iestāde veic personas datu apstrādi, kas nepieciešama iestādes funkciju veikšanai, atbilstoši datu aizsardzības normatīvo aktu prasībām.* | | |
| 20\_\_\_.g. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ /\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_/  *Iesniedzēja paraksts un atšifrējums* | |
| Atzīme par iesnieguma saņemšanu *(aizpilda iestādes darbinieks):*  Iesniegums saņemts: 20 \_\_\_\_.g. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ /\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DocLogix reģ.nr. 18/1-6.2/\_\_\_\_\_\_\_\_\_ *Saņēmēja paraksts un atšifrējums* | | |