

Poradnia Psychologiczno - Pedagogiczna nr 16

04 - 393 Warszawa, ul. Siennicka 40

tel. 22 610 - 21 - 32

Warszawa, dn. ........................

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(Imię i nazwisko wnioskodawcy)

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(telefon) Poradnia Psychologiczno-Pedagogiczna nr 16 ul. Siennicka 40

04-393 Warszawa

**Wniosek o wydanie:**

(właściwe zaznaczyć)

* **opinii psychologicznej/pedagogicznej w sprawie***.................................................................................*

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* **informacji o wynikach badań dotyczących***...........................................................................................*

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* **zaświadczenia dotyczącego***...................................................................................................................*

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* **opinii/informacji logopedycznej***...........................................................................................................*

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(Imię i nazwisko dziecka)

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(Data i miejsce urodzenia, PESEL)

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(Miejsce zamieszkania dziecka)

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(Nazwa i adres przedszkola lub szkoły, klasa)

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(Imiona i nazwiska rodziców/prawnych opiekunów)

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(adres zamieszkania rodziców/prawnych opiekunów)

Opinia jest mi potrzebna:

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Do wniosku dołączam:

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*Opinię odbiorę osobiście. Oświadczam, że wniosek składam i podpisuję w imieniu obojga rodziców/prawnych opiekunów.*

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(podpis wnioskodawcy)