Name and surname ……………........................................................Date of birth (dd.mm.yyyy)..................

Study program...................................................................................................................................................

**Notification of pregnancy / birth of a child / taking a child into care**

I, the undersigned, hereby notify:

□ Pregnancy – expected date of birth ……………….

I prove it by presenting a copy of a pregnancy card (within **22 weeks** after the expected date of childbirth it is necessary to deliver a copy of the child's birth certificate to the Study Department of the Faculty)

□ The birth of a child on date.………………

I have attached a copy of the birth certificate \*

□ Taking a child into care on date .………….

I have attached a copy of a relevant decision \*

………………………….. ………………………………………

 Date Signature of student

\* *in the case of a personal visit the Student Affairs Division, it is sufficient to present the original document*

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

Based on your notice, you will be registered with the recognized parenthood period (for mothers starting 8 weeks prior to giving birth / for fathers on the day of giving birth / in the case of taking the child into care on the day the decision comes into force) until the child reaches three years of age.