

Cleveland Slovak School Application

(Please print)

Date: _____

Student's Name:

Parent's or Guardian's Name (if applicable):

Address:

Preferred phone number (including area code):

Email Address:

Emergency Contact Name & Phone Number:

Slovak language fluency: (please check the appropriate box)

- Level 1 (no fluency)
- Level 2 (no fluency children age 12 and older)
- Level 3 (some fluency; completion of Level 1)
- Level 4 (able to communicate at a reasonable level in Slovak; completion of Levels 2 & 3)

Please send completed application and payment (check made payable to Cleveland Slovak School) to:
Miriam Visnovsky
4600 State Rd.
Cleveland, Ohio 44109

Please note that there are no refunds after classes begin. Thank you.