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**Nazwisko i imię rodzica**

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**Adres zamieszkania**

**OŚWIADCZENIE O KONTYNUOWANIU NAUKI**

**(wypełniają osoby pozostające na utrzymaniu rodziców, które ukończyły 18 lat)**

Oświadczam, że kontynuuję naukę w roku szkolnym/akademickim ……………………/………………………w………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………*..(nazwa i adres szkoły lub szkoły wyższej)*

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 (podpis osoby składającej oświadczenie)