

**MUNICIPALITY BUDVA**  
**Secretariat for social services**

**SUBJECT: Request for directing children with special education needs  
to educational institution**

\_\_\_\_\_ / \_\_\_\_\_  
(child's name and surname)

\_\_\_\_\_ / \_\_\_\_\_  
(father's name) (mother's name)

\_\_\_\_\_ / \_\_\_\_\_  
(date of birth) (place of birth, municipality and country)

in order to enroll in \_\_\_\_\_ grade or \_\_\_\_\_ kindergarten group.

\_\_\_\_\_ / \_\_\_\_\_  
(name of educational institution)

Following documentation is submitted with the request (medical, pedagogical, psychological, social or other):

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_

In case this is a request for redirection, explain the reasoning:

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
(name and surname of the applicant - capital letters)

\_\_\_\_\_  
(UIN)

\_\_\_\_\_  
(address of residence)

\_\_\_\_\_  
(contact telephone)

\_\_\_\_\_  
(e-mail address)

\_\_\_\_\_  
(applicant's signature)