



FORMS *packet*

2026–2027

CHECKLIST

- 1–2** ☐ Photo consent form
- 3** ☐ Permission to leave school grounds during lunch and free period **/HS/**
- 4** ☐ Permission to leave school grounds during lunch and without accompaniment at the end of the school day **/MS/**
- 5** ☐ Permission to leave school without accompaniment at the end of the school day **/ES/**
- 6** ☐ Medical form
ISIC form

Name

Grade

SOUHLAS S POŘÍZENÍM A POUŽITÍM FOTOGRAFIÍ A VIDEÍ

Student _____

třída _____

American Academy in Praha _____

škola _____

Já, níže podepsaný/á dávám tímto společnosti **American Academy LLC**, se sídlem 1712 Pioneer Ave. Ste. 2153, Cheyenne, Wyoming 82001, USA a kontaktní adresou: Kloboučnická 1425/13, 140 00 Praha 4, IČ: 2017-000752595, zapsaná v rejstříku vedeném státním tajemníkem státu v Cheyenne, Wyoming, a společnosti **American Academy High School s.r.o.**, sídlem Nové sady 988/2, 602 00 Brno, IČO: 218 03 722, zapsaná v obchodním rejstříku vedeném u Krajského soudu v Brně (oddíl C, vložka 140240) (dále též „**správci**“) výslovný a bezvýhradný souhlas ke zpracování mých osobních údajů ve smyslu § 84 a násl. z. č. 89/2012 Sb., občanského zákoníku, ve znění pozdějších předpisů, z. č. 101/2000 Sb., o ochraně osobních údajů a o změně některých zákonů, ve znění pozdějších předpisů (dále též „**ZOOÚ**“), jakož i ve smyslu právních předpisů, které tyto zákony nahradí, nebo ve smyslu přímo použitelných právních předpisů EU, a to s pořízením obrazových záznamů (fotografií a videí) zachycujících mou podobu (dále též „**obrazové a zvukové záznamy**“) a k následnému uchovávání a užití takto pořízených obrazových a zvukových záznamů, zejména ke zveřejnění obrazových a zvukových záznamů na internetových stránkách správců, jejich uživatelských účtech na sociálních sítích, jakož i v rámci výstavy či veletrhu v prostorách správců, k užití za účelem marketingové propagace správců, apod. Dále souhlasím s užitím pořízených obrazových a zvukových záznamů, ať už v podobě hmotné či digitalizované. Výslovně souhlasím, že k mým osobním údajům budou mít přístup a tyto zpracovávat zaměstnanci správců, a že tyto obrazové záznamy můžou správci předat ke zpracování na základě písemné smlouvy dalším zpracovatelům.

Prohlašuji, že jsem byl/a správcem informován/a:

- o tom, že udělení tohoto souhlasu je dobrovolné,
- o tom, že mohu shora uvedený souhlas kdykoli odvolat,
- o tom, že mé osobní údaje budou zpracovávány v souladu se ZOOÚ, případně v souladu s právními předpisy tento zákon nahrazujícími a v souladu s přímo použitelnými právními předpisy EU,
- o tom, že mé osobní údaje budou zpracovávány po dobu nezbytně nutnou, tedy po dobu trvání účelu, pro který je tento souhlas udělen, nejdéle však do doby jeho odvolání,
- o tom, že mé osobní údaje budou zpracovávány zaměstnanci správců,
- o tom, že správci můžou mé osobní údaje dále předávat zpracovatelům osobních údajů, kteří mohou mé osobní údaje zpracovávat též prostřednictvím jejich zaměstnanců,
- o mém právu přístupu k osobním údajům a právu na opravu, výmaz, případně omezení zpracování osobních údajů,
- o mém právu na přenositelnost osobních údajů,
- o mém právu podat stížnost u dozorového úřadu,
- o tom, že mé osobní údaje mohou být předány do jiného členského státu Evropské unie a USA,
- o mém právu požádat správce o informaci o zpracování mých osobních údajů a o povinnosti správců mi tuto informaci bez zbytečného odkladu sdělit,
- o tom, že pokud zjistím nebo se budu domnívat, že správci nebo jiný zpracovatel provádí zpracování osobních údajů v rozporu s ochranou soukromého a osobního života nebo v rozporu se zákonem, zejména jsou-li osobní údaje nepřesné s ohledem na účel jejich zpracování, mohu požádat správce nebo jiného zpracovatele o vysvětlení, nebo mohu požadovat, aby správci nebo jiný zpracovatel odstranili takto vzniklý stav.

Prohlašuji, že jsem si tento souhlas přečetl/a, že s jeho obsahem souhlasím a že je projevem méj pravé a svobodné vůle.

V _____ dne _____

V _____ dne _____

Podpis studenta _____

Podpis zákonného zástupce* _____

*V případě, že je student mladší 15 let

CONSENT FORM FOR PHOTOGRAPHY/FILMING

Student _____

Grade _____

American Academy in Prague
school _____

I, undersigned hereby give to American Academy LLC, with its registered seat at 1712 Pioneer Ave. Ste. 2153, Cheyenne, Wyoming 82001, USA and contact address: Kloboučnická 1425/13, 140 00 Praha 4, CZ, Id. No.: 2017-000752595, register maintained by the Secretary of State of the State in Cheyenne, Wyoming, and to American Academy High School s.r.o., with its registered seat at Nové sady 988/2, 602 00 Brno, ID No.: 218 03 722, registered in the Commercial Register kept at the Regional Court in Brno (Section C, insert 140240) (hereinafter to as the "controllers") my explicit and unreserved consent to process my personal data as defined in Section 84 at seq. of Act no. 89/2012 Coll., Civil code, and in Act no. 101/2000 Sb., Personal data protection act (hereinafter as "PDPA"), as well as defined in legislation, which will replace this acts, or as defined in directly applicable EU law, with recording of images (photographic and video) capturing me (hereinafter as "images and sound recordings") and to subsequently store and use this images and sound recordings, especially to publish images and sound recordings on controllers' websites, on their user accounts in social medias, as well as in controllers' premises during exhibitions and trade fairs to use in order to promote controllers, etc. I further consent with usage of the images and sound recordings, in material form or digitalized form. I explicitly consent, that employees of the controllers shall have access and process my personal data and that controllers may transfer the images to process to other processors on basis of written agreement.

I hereby declare, that I was informed by controller about:

- the fact, that granting the consent is voluntary,
- the fact, that I can withdraw the consent at any time,
- the fact, that my personal data shall be processed in accordance with PDPA, eventually in accordance with legislation, which will replace this act and in accordance with directly applicable EU law,
- the fact, that my personal data shall be processed for as long as necessary, meaning for the period of existence of purpose, for which the consent is given, but no longer than until the consent withdrawal,
- the fact, that my personal data shall be processed by controller's employees,
- the fact, that controller may transfer the images on basis of written agreement to process to other processors, which may process the personal data by their employees as well,
- my right of access to my personal data, right to rectification, to erasure, eventually to restriction of processing of personal data,
- my right to data portability,
- my right to lodge a complaint with a supervisory authority,
- the fact that my personal data may be transferred to other EU Member states and USA,
- my right to request information from controller about processing of my personal data and about obligation of controller to communicate the information without undue delay,
- the fact, that in case I discover or assume that controller or other processor processes personal data in violation with protection of private and personal life or on violation with law, especially when personal data are inaccurate with respect to the purpose of processing, I may request controller or other processor for explanation or I may request that controller or other processor for remedy.

I hereby declare, that I have read this consent and that I agree with its content and that it is declaration of my authentic and free will.

In _____ on _____

In _____ on _____

Student's signature _____

Legal representative's signature* _____

**In case student is younger than 15 years*



PERMISSION TO LEAVE SCHOOL GROUNDS DURING LUNCH FORM
HIGH SCHOOL ONLY

Student name

Grade

I, _____ (parent/guardian name) give permission for my child to leave the American Academy in Brno during lunch time from 11:35 am – 12:25 pm. I further acknowledge that I take full responsibility for the student during the prior mentioned time period. Students who are late to school after lunch may lose the “leave at lunch” privilege.

Signature parent/guardian

signature student

city/date



STUDENT/PARENT HANDBOOK AGREEMENT

The American Academy Student/Parent Handbook contains important information regarding school policies and rules. By signing this form you agree that you have read and understood the contents of the Handbook.

Student name

Date

Student signature

Parent signature

MEDICAL FORM

Students name

According to the school's rules the school is not allowed to give students any medication. The school can only give medication to student if it's his/her own. In case you want us to give student medication we need to have this medication in the office labeled with student's name and dosage.

- ☐ My child does not need any medication
- ☐ Yes, please administer this medication to my child

1. Name of the medication and dosage: _____

2. Name of the medication and dosage: _____

Allergies:

Food: _____

Medication: _____

Other: _____

Signature of parent/legal guardian:

Print first and last name

date

signature

APPLICATION FOR ISIC/ISIC SCHOLAR/ITIC CARD ISSUANCE

I hereby apply for the following card: ☐ ISIC ☐ ISIC SCHOLAR ☐ ITIC

I grant my consent to participation in selected ISIC events and I wish to receive selected offers: ☐ YES ☐ NO



1. Section – Applicant Identification Information

* Mandatory fields

*Last Name:

*Name: Gender: ☐ Female ☐ Male

*Street: *House No.:

*City: *Postcode:

*E-mail:

Telephone: *Date of Birth (D/M/Y):

I hereby apply for the issuance of the identified card (the "Card") and agree to the below-stated terms and conditions, the Rules for use of the cards (the "Rules"), and the Personal Data Protection Policy (the "Policy") on www.isic.cz (the "Website"), and I hereby acknowledge that my personal data will be processed as described in this Application form and in the details in the Policy. Using of the card by the applicant is subject to adherence to the Rules.

Issuer: GTS ALIVE s.r.o., Commercial Reg. No.: 26193272, with its registered office at Na Maninách 1092/22, 170 00 Prague 7, registered with the Commercial Register kept by the Municipal Court in Prague, under file Ref. No. C78560, tel: 226 222 335, e-mail: legal@isic.cz, contacts to the officer are available ("Administrator").

Purpose: Based on this Application, the Administrator shall be entitled to process my personal data to the extent specified below for the purposes of the order processing, i.e. issuance and use of the Card under the terms and conditions specified on the Website, keeping records of Card holders, their verification and control (i.e. verification of a pupil/student/teacher status, which is a condition for drawing of discounts and benefits and verifying eligibility for discounts/benefits). Such personal data processing is necessary for the issuance of the Card and is carried out on the legal grounds of a contract performance.

News Subscription: If I ticked the "YES, I am interested in obtaining selected offers" option at the top of this Application, I agree to the receipt of commercial communications by electronic means informing on offers of benefits and sales by the Administrator and its partners and I agree with the related processing for direct marketing, including sending offers by all means. I agree that in order for the Administrator to send me only such offers that are of my interest, the Administrator will continuously evaluate and update my personal data, including information about my use of the Card with the Administrator's business partners and on my preferences as identified while using the Website.

Scope of Personal Data: data filled in in this Application and in the student/employee certificate, pupil/student/teacher status, type of studies, license number, Card validity period, chip No., information on the Card use, including the use of benefits/discounts and any other data provided by me ("Data").

Recipients of Personal Data: ISIC Association, Nytorv 5, 1450 Copenhagen, Denmark and category of Recipients as detailed in the Policy.

Processing Time: The Administrator processes the Data necessary for the order processing for the entire period of the Card validity and for 6 months thereafter. The Administrator processes my Data for the purpose of obtaining personalized offers and of the market research for an indefinite period of time, or until my consent is withdrawn.

Legitimate Interests of GTS: upon termination of the Card use or withdrawal of the consent, GTS keeps a limited range of documents for the case of inspection by a supervisory authority or an entity's complaint according to the terms and conditions in the Policy.

Instruction: I acknowledge to have rights in connection with the processing of Data that are described in detail in the Policy. In particular, I declare that I am aware of my right to object to the processing of the Data for the direct marketing purposes including related profiling at any time, and to withdraw my consent to this purpose at any time. The provision of data is voluntary, but necessary for the Card to be issued. The Card may be invalidated at any time in accordance with the Policy. Every subject has the right to access, rectify, delete and/or limit the processing, to object against the processing and to the transferability of data - all of that, including how to exercise the rights and the possibility to file a complaint with the Office for Personal Data Protection, is explained in detail in the Policy. GTS contacts needed to exercise the rights and to apply other requirements are above.

2. Section – Declaration of the Applicant for ISIC SCHOLAR card

(to be filled in only by the applicant for ISIC SCHOLAR card or his/her legitimate representative)

School Name:

I declare on my honor that the applicant is a pupil of the above-mentioned school in the school year 20____ / 20____.

3. Section – SCHOOL's Confirmation for the Applicant for ISIC or ITIC Card (to be filled in by the school)

School Name:

We confirm that the applicant for:

☐ the ISIC card is a student of full-time/in person studies at our school in the 20____ / 20____ school year and, at the same time, meets the requirements of Section 12 of Act No. 117/1995 Coll. (has the status of a student by virtue of law). For more information on the entitlement see the Rules for Use of IDs and Cards at www.isic.cz.

☐ the ITIC card is employed at our school in the 20____ / 20____ school year as a teacher/educator (except as university lecturer) or as an academic (University) with an employment contract for at least 1 year (or with a permanent employment contract).

Date of the School's Confirmation:

(on the day the Application is filed, the School's Confirmation must not be older than 2 months)

School's Stamp and Signature:

4. Section – Legitimate Representative's Confirmation (for applicants under 15 years of age)

By attaching my signature, I approve the information provided above and the Application for Card Issuance, and I represent and warrant that I am an authorized person exercising parental responsibility over the applicant and that I am authorized to grant such consent.

Last Name and Name:

The Legitimate Representative's Relation to the Applicant (e.g. father):

Signed on:

Legitimate Representative's Signature:

5. Section – Confirmation by the Applicant for ISIC / ITIC / ISIC SCHOLAR Card

By attaching my signature, I declare that I have read the Rules and the Policy and that I approve the above information and the Application for the Card Issuance, and I agree with these and acknowledge that by confirming the Application a contract on the card issuance in accordance with the Rules is being concluded. I declare that all the information provided is true.

Signed on:

Applicant's Signature: