AMERICAN ACADEMY in Brno

FORMS *packet*

2026–2027

CHECKLIST

1–4 ☐ Photo consent form
5 ☐ Permission to leave for lunch HS only
6 ☐ Handbook consent/agreement
7 ☐ Medication release form
8 ☐ ISIC form

Name _____ Grade _____

FORMS PACKET

SOUHLAS S POŘÍZENÍM A POUŽITÍM FOTOGRAFIÍ A VIDEÍ

Student _____ třída _____

American Academy in Brno
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: Praha 4, Svatoslavova 333/4, PSČ 140 00, IČ: 2017-000752595, zapsaná v rejstříku vedeném státním tajemníkem státu v Cheyenne, Wyoming (dále též „správce") 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 téže „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 správce, jeho uživatelských účtech na sociálních sítích, jakož i v rámci výstavy či veletrhu v prostorách správce, k užití za účelem marketingové propagace správce, 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 správce, a že tyto obrazové záznamy může správce 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 správce,
- o tom, že správce může 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 správce mi tuto informaci bez zbytečného odkladu sdělit,
- o tom, že pokud zjistím nebo se budu domnívat, že správce 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 správce nebo jiný zpracovatel odstranil takto vzniklý stav.

Prohlašuji, že jsem si tento souhlas přečetl/a, že s jeho obsahem souhlasím a že je projevem mojí 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 Brno
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: Praha 4, Svatoslavova 333/4, 140 00, Id. No.: 2017-000752595, register maintained by the Secretary of State of the State in Cheyenne, Wyoming, (hereinafter as „controller") 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 controller´s websites, on its user accounts in social medias, as well as in controller´s premises during exhibitions and trade fairs to use in order to promote controller, 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 controller shall have access and process my personal data and that controller 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 _____

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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 signalure _____

You can view the handbook on our website: www.americanacademy.com

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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 medicationl
☐ 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).

School's Stamp and Signature:

Date of the School's Confirmation:

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

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.

Applicant's Signature:

Signed on:

Note: The Card shall not be issued without full completion of this Application form.

This version of the form is valid as of 1 May 2020