

Receipt No.:

Personal Password:

ENTRANCE EXAMINATIONS REGISTRATION FORM

CANDIDATE'S PERSONAL INFORMATION

LAST NAME:		FIRST NAME:	GENDER: MALE <input type="checkbox"/> FEMALE <input type="checkbox"/>
DATE OF BIRTH (dd/mm/yyyy):		PLACE OF BIRTH:	I.C. NO.:
NATIONALITY:		GREEK SPEAKING <input type="checkbox"/> ENGLISH SPEAKING <input type="checkbox"/>	RELIGION: (optional)
HOME ADDRESS:			
POSTAL CODE:		HOME PHONE NO.:	
JUNIOR SCHOOL:		INTERESTED IN: PASCAL ENGLISH SCHOOL <input type="checkbox"/> ΕΛΛΗΝΙΚΗ ΣΧΟΛΗ ΠΑΣΚΑΛ <input type="checkbox"/>	
PRIVATE LESSONS: YES <input type="checkbox"/> NO <input type="checkbox"/>		IF YES BY WHOM:	
BROTHER/SISTER ATTENDING/ATTENDED OUR SCHOOL:			
ILLNESS/ALLERGY:			

FATHER'S/GUARDIAN'S PERSONAL DETAILS

LAST NAME:		FIRST NAME:	
OCCUPATION:		NAME OF EMPLOYER/COMPANY:	
WORK PHONE NO.:		MOBILE PHONE NO.:	
HOME ADDRESS (if different from above):			
POSTAL CODE:		HOME PHONE NO.:	
EMAIL:		GRADUATE OF OUR SCHOOL: YES <input type="checkbox"/> NO <input type="checkbox"/> YEAR:	

MOTHER'S/GUARDIAN'S PERSONAL DETAILS

LAST NAME:		FIRST NAME:	
OCCUPATION:		NAME OF EMPLOYER/COMPANY:	
WORK PHONE NO.:		MOBILE PHONE NO.:	
HOME ADDRESS (if different from above):			
POSTAL CODE:		HOME PHONE NO.:	
EMAIL:		GRADUATE OF OUR SCHOOL: YES <input type="checkbox"/> NO <input type="checkbox"/> YEAR:	

FOR ADDITIONAL NOTES PLEASE TURN OVERLEAF

PRIVACY POLICY (GDPR)

By signing and submitting this registration form we agree that the Privacy Policy (GDPR) of PASCAL Education (Cyprus) Limited, which can be found on the School website and is already available to the general public, is binding for us and our child.

Father's/Guardian's name: _____ Father's/Guardian's signature: _____

Mother's/Guardian's name: _____ Mother's/Guardian's signature: _____

Date: _____