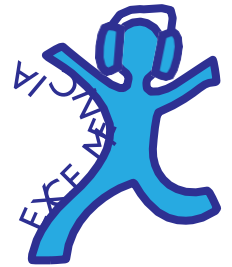




ONLINE APPLICATION FORM EXCELLENCE PROGRAMME 2020-21 Academic Year



STUDENTS DETAILS

NAME AND SURNAMES	
DATE OF BIRTH	
CURRENT SCHOOL	
YEAR	
NUMBER OF SIBLINGS AND AGES	

DETAILS OF PARENTS AND / OR GUARDIANS

MOTHER'S NAME AND SURNAMES	
E-MAIL	
CONTACT TELEPHONE NUMBER	
ADDRESS, TOWN/CITY, DP	
FATHER'S NAME AND SURNAMES	
E-MAIL	
CONTACT TELEPHONE NUMBER	
ADDRESS, TOWN/CITY, DP	

ACTIVITIES

(Check 2 or 4 activities, consult days and times in the information brochure)

Ages 8 to 11		Ages 12 to 15	
GREAT ENIGMAS	<input type="checkbox"/>	FRACTAL GEOMETRY	<input type="checkbox"/>
CURIOSIARTE	<input type="checkbox"/>	VIRTUAL REALITY	<input type="checkbox"/>
CREATIVE WRITING	<input type="checkbox"/>	CINEMATIC	<input type="checkbox"/>
FRACTAL GEOMETRY	<input type="checkbox"/>	ENTREPRENEURS' CLUB	<input type="checkbox"/>
TIME TRAVEL	<input type="checkbox"/>		
STEAM	<input type="checkbox"/>		

\_\_\_\_\_ on \_\_\_\_\_ 20\_\_\_\_ number.

Signature of parents or guardians, ID