

**PASCAL Summer School Lemesos 2024**  
**Application Form**

**Student's personal details** *(please use capital letters)*

Name: ..... Surname: .....  
 Age: ..... Date of birth: ..... Gender: Male  Female   
 Nationality: ..... Passport/I.D. number: .....  
 Mother tongue: .....

Home address: .....

Dietary restrictions: .....

Illness/allergy: .....

Father's/Guardian's name & surname: .....

Email address: ..... Mobile number: .....

Mother's/Guardian's name & surname: .....

Email address: ..... Mobile number: .....

Emergency contact: Name: ..... Mobile number: .....

**Select dates by marking the relevant boxes with ✓**

PASCAL Secondary School Lemesos Premises Email: admissionslem@pascal.ac.cy Address: Omirou 40, Limassol 3095		
Weeks	Participation in Summer School	Lunch included
Week 1 (24 – 28 June)		
Week 2 (1 – 5 July)		
Week 3 (8 – 12 July)		
Week 4 (15 – 19 July)		
Week 5 (22 – 26 July)		

**BOOKING CONFIRMATION**

- All bookings are made with PASCAL Education (Cyprus) Ltd.
- The booking will become binding between the parties only when PASCAL Education (Cyprus) Ltd receives the signed application form, and full payments for the weeks interested.
- In case of cancellation by the client, during the week preceding the starting of the programme, NO refund will be made.
- PASCAL Education (Cyprus) Ltd reserves the right to cancel the Summer Programme. Hence, in the highly unlikely event of the programme being cancelled the full amount paid to PASCAL Education (Cyprus) Ltd will be refunded.

We the undersigned Parents/Guardians, hereby give full explicit, expressed, and written consent for PASCAL Education (Cyprus) Ltd to collect, process and keep personal information that we provide as per the Company's Privacy Policy. The Privacy Policy document has been made available to us. We accept that the Company reserves the right to make additions or amendments to the Privacy Policy whenever this is deemed necessary. We also give our explicit consent for PASCAL Education (Cyprus) Ltd to use all artwork and any video footage/photographs of the participants on its websites, social media and its promotional publications and materials.

Father's or Guardian's full name and signature: .....

Mother's or Guardian's full name and signature: .....

Date: .....

***\*Please return the completed application form to [admissionslem@pascal.ac.cy](mailto:admissionslem@pascal.ac.cy)***

***\*Kindly note that availability is on a first come first served basis.***