PASCAL International Education

FILLED IN BY THE SCHOOL:

Receipt No.: ***Personal Password:***

ENTRANCE EXAMINATIONS REGISTRATION FORM

CANDIDATE'S PERSONAL INFORMATION		
LAST NAME:	FIRST NAME:	GENDER: MALE ☐ FEMALE ☐
DATE OF BIRTH (dd/mm/yyyy):	PLACE OF BIRTH:	I.C. NO.:
NATIONALITY:	GREEK SPEAKING ☐ ENGLISH SPEAKING ☐	RELIGION: (optional)
HOME ADDRESS:		
POSTAL CODE:	HOME PHONE NO.:	
JUNIOR SCHOOL:	INTERESTED IN: PASCAL PRIVATE SECONDARY SCHOOL ☐	
PRIVATE LESSONS: YES ☐ NO ☐	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 ☐ NO ☐ 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 ☐ NO ☐ 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: _____