



HELLENIC ACADEMY
APPLICATION FORM FOR FORMS ONE, TWO, THREE AND FOUR

| PUPIL INFORMATION | |
|-----------------------------------|-----------------------------------|
| SURNAME | FIRST NAME |
| DATE OF BIRTH | SEX |
| CURRENT SCHOOL | CURRENT FORM |
| PLACE OF BIRTH | NATIONALITY |
| RELIGION | HOME LANGUAGE |
| INTENDED DATE OF ADMISSION | INTENDED FORM OF ADMISSION |

| PARENT INFORMATION | |
|---------------------------|-------------------------|
| FATHER | MOTHER |
| FULL NAME | FULL NAME |
| HOME ADDRESS | HOME ADDRESS |
| HOME TEL. NUMBER | HOME TEL. NUMBER |
| CELL NUMBER | CELL NUMBER |
| EMAIL | EMAIL |
| OCCUPATION | OCCUPATION |
| EMPLOYER/COMPANY | EMPLOYER/COMPANY |

| | | | | | |
|-------------------------|---------------------|-----------------|------------------|-----------------|---------------|
| MARITAL STATUS | MARRIED | DIVORCED | SEPARATED | WIDOWED | SINGLE |
| PUPIL LIVES WITH | BOTH PARENTS | MOTHER | FATHER | GUARDIAN | |

| PUPIL'S BROTHERS/SISTERS ATTENDING HELLENIC SCHOOLS OR OTHER SCHOOLS | | | |
|---|----------------------|---------------|-------------------|
| NAME | DATE OF BIRTH | SCHOOL | GRADE/FORM |
| | | | |
| | | | |
| | | | |

DECLARATION

(name in block letters)

- A) Agree that my child will be collected from school within 15 minutes of either school or his/her afternoon activity ending.
- B) Agree that he/she will attend school punctually whenever required to do so.
- C) Agree that he/she will observe and be subject to all the regulations, rules and discipline of the school.
- D) Agree that he/she will take part in such sports and activities as may be arranged by the school for him/her.
- E) Agree that he/she will be exposed to the Greek Orthodox Foundations in Faith and practice and will have to attend lessons/Church services as and when timetabled.
- F) Agree that he/she will be provided with and will wear the correct school and sporting uniforms.
- G) Accept full responsibility for payment of all school fees and levies as set out from time to time by the Governing Body and agree that these are payable in advance or on the first day of each term.
- H) Undertake to give a term's written notice of withholding my child from the school or forfeit one term's fees in lieu of notice.
- I) I nominate Dr _____ of _____

Telephone _____ to attend my child in case of illness/injury at the School if the Head of the School is unable to contact me. I agree that if the medical practitioner named is not available, the Head of the School may act in his/her own discretion on my behalf in respect of my child.

- J) Declare that the information given by me on this form is true and correct.

SIGNATURE: _____ DATE: _____

This form must be accompanied by a non-refunable Application Fee. On receipt of this form your son's/daughter's name will be entered on our waiting list. Acceptance of this registration form does not imply final acceptance of the candidate.

This will depend on the following:

- The availability of a place
- Testing
- All other selection criteria are met

Please attach to the Application::

- Copy of current school report
- Certified copy of the pupil's Birth Certificate
- 1 Passport size photo
- Application Fee of USD10 for F2, F3 & F4
- Application Fee of USD50 for F1

PLACE PHOTOGRAPH HERE

RECEIPT NUMBER: _____