



**ENTRANCE EXAMINATION APPLICATION FORM**

Academic year \_\_\_\_\_ - \_\_\_\_\_

**PLEASE COMPLETE IN CAPITAL LETTERS**

<b>SURNAME:</b> <i>(As per birth certificate)</i>		<b>NAME:</b> <i>(As per birth certificate)</i>	
<b>DATE OF BIRTH:</b>		<b>MALE:</b> <input type="checkbox"/>	<b>FEMALE:</b> <input type="checkbox"/>
<b>PLACE OF BIRTH:</b>		<b>IDENTITY CARD NO.:</b>	
<b>NATIONALITY:</b>		<b>PASSPORT NO.:</b>	
<b>HOME ADDRESS:</b>	Street & No.:		
	Town/Village:	Post code:	
<b>MOBILE TELEPHONE:</b>		<b>EMAIL:</b>	
<b>PREVIOUS SCHOOL ATTENDED &amp; CLASS:</b>			
<b>FATHER'S DETAILS</b>			<b>Tick if deceased</b>
<b>SURNAME:</b>		<b>NAME:</b>	
<b>IDENTITY CARD NO:</b>		<b>PASSPORT NO:</b>	
<b>HOME TELEPHONE:</b>		<b>WORK TEL.</b>	
<b>MOBILE TELEPHONE:</b>		<b>EMAIL:</b>	
<b>ADDRESS:</b> <i>(If different)</i>	Street & No.:		
	Town/Village:	Post code:	
<b>OCCUPATION</b>			
<b>MOTHER'S DETAILS</b>			<b>Tick if deceased</b>
<b>SURNAME:</b>		<b>NAME:</b>	
<b>IDENTITY CARD NO:</b>		<b>PASSPORT NO:</b>	
<b>HOME TELEPHONE:</b>		<b>WORK TEL.</b>	
<b>MOBILE TELEPHONE:</b>		<b>EMAIL:</b>	
<b>ADDRESS:</b> <i>(If different)</i>	Street & No.:		
	Town/Village:	Post code:	
<b>OCCUPATION</b>			
<b>HOME ADDRESS</b> <i>(If mailing address different, please list overleaf)</i>			
<b>PLEASE INDICATE ANY LEARNING DIFFICULTIES</b>			
<b>PLEASE INDICATE ANY MEDICAL CONDITIONS</b> <i>(Including dietary requirements)</i>			



**In signing below, you accept the following:**

The American Academy Larnaca is not obliged to return students' Entrance Exam scripts, or make students' detailed grades publicly available.

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Consent for the collection and processing of personal data:

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PARENT'S / GUARDIAN'S NAME:		SIGNATURE:		DATE:	
PARENT'S / GUARDIAN'S NAME:		SIGNATURE:		DATE:	