



## PLACEMENT 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 NAME:</b>			
<b>SCHOOL ADDRESS:</b>	Street & No.:		
	Town/Village:		Post code:
<b>PREVIOUS CLASS</b>		<b>NUMBER OF YEARS OF EDUCATION COMPLETED</b>	
<b>APPLYING TO A.A. FOR ENTRY INTO CLASS</b>			
<b>FATHER'S DETAILS</b>			<b>Tick if deceased</b> <input type="checkbox"/>
<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> <input type="checkbox"/>
<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 list siblings or parents who are current students (class) / graduates (year) of the AAL</b>			
<b>PLEASE INDICATE ANY LEARNING DIFFICULTIES</b>			
<b>PLEASE INDICATE ANY MEDICAL CONDITIONS*</b> <i>(Please see information overleaf)</i>			



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

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

**DATA PROTECTION:**

Consent for the collection and processing of personal data:

I fully understand and freely express my consent with this statement for the use, processing, collection, registration, transfer and saving of personal data general and/or sensitive by the American Academy Alumni Foundation ("the Foundation") and its authorized employees, partners and collaborators who are appropriately trained for the processing of personal data. The data has been or will be provided to the Foundation by me or has been secured by the Foundation for purposes related to the provision of services by the Foundation in accordance to the provisions of General Data Protection Regulation 2016/679 of the European Parliament and the Law for the Protection of Individuals with regard to the Processing of Personal Data and the Free Movement of such Data Act 2018 (Law 125 (I) / 2018) as amended from time to time. The legislation concerns among others, the rights to access, to rectify, to delete, and to oppose processing, all of which you can exercise by contacting us at [dpo@academy.ac.cy](mailto:dpo@academy.ac.cy)

The Foundation is the Data Controller. Any information relating to my person shall not be disclosed to third parties except to the ones mentioned above unless I have been asked and given my consent or in accordance with any Law or judgment or if it is in the public interest or if it is necessary for the preservation the legitimate interests of the Foundation.

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

**Supporting Documents & Fees Due**

When registering for the Placement Examination, the following must accompany the application:

1. Birth Certificate
2. Passport
2. Latest School Report
3. Non-refundable Application Fee of €75.00

**Medical Conditions**

You will be asked to supply the relevant documents detailing the condition, if your child is admitted to the American Academy Larnaca (school). The school will, in this way, be able to best cater for your child. The information provided will be kept confidential in the student's file.