

SUMMER SCHOOL 2021 - REGISTRATION FORM

STUDENT NO: **CODE:** **MALE:** **FEMALE:**
SURNAME: *(Capitals)* **NAME:**
DATE OF BIRTH: **HOME TEL. NO.:**
CURRENT SCHOOL:

Please tick, for which week(s) / activities you wish to register and attend:

21 - 25 June	28 June - 02 July	05 - 09 July	12 - 16 July	19 - 23 July	26 - 30 July	02 - 06 August	WEIR CAMP
-----------------	----------------------	-----------------	-----------------	-----------------	-----------------	-------------------	--------------

Level of English: None / Beginner / Average / Good / Fluent / Mother Tongue

FATHER'S FULL NAME:
IDENTITY CARD NO / PASSPORT NO.:
TEL NO. WORK: **MOBILE:**

MOTHER'S FULL NAME:
IDENTITY CARD NO / PASSPORT NO.:
TEL NO. WORK: **MOBILE:**

HOME ADDRESS:
E-MAIL ADDRESS:

DOES THE STUDENT HAVE ANY BROTHERS OR SISTERS ATTENDING THE AMERICAN ACADEMY SUMMER SCHOOL?
 IF YES, PLEASE INDICATE NAME(S):

IS YOUR SON/DAUGHTER **DYSLEXIC, DISGRAPHIC?** **YES / NO**

DOES YOUR SON/DAUGHTER HAVE ANY MEDICAL CONDITION OR ALLERGIES? **NO / YES** *(IF YES, PLEASE INDICATE)*

I GIVE PERMISSION FOR MY CHILD'S PHOTOS TO APPEAR IN THE SCHOOL'S WEBSITE / SOCIAL MEDIA: **NO / YES**



I understand my obligation towards the American Academy Larnaca (school) for prompt settlement of fees and that fees are not refundable unless my application cannot be satisfied or is rejected by the school. I accept the terms of the school for discipline and the school's curriculum including out of school activities. I acknowledge the school's right to dismiss any students whose conduct is in breach of the school's code of conduct, without any financial compensation or other claim against the school.

DATA PROTECTION

The protection of personal privacy is an important concern to the American Academy Alumni Foundation (AAAF) and its schools. Any personal data collected on this form will be used for communication with parents and students on school matters, for keeping parents up to date with relevant developments involving American Academy Larnaca and / or for any other purpose deemed necessary or appropriate by the AAAF.

Consent

PARENT'S/GUARDIAN'S NAME:

DATE: SIGNATURE:

For Office Use

Registration		@ € =
		PER WEEK
1-2 Weeks fee (Amount paid in advance)		@ € =
3-4 Weeks fee (Amount paid in advance)	(No. of Weeks:)	@ € =
5-7 Weeks fee (Amount paid in advance)		@ € =
		PER WEEK
1-2 Weeks fee (Siblings) (Amount paid in advance)	(No. of Weeks:.....)	@ € =
3-4 Weeks fee (Siblings) (Amount paid in advance)		@ € =
5-7 Weeks fee (Siblings) (Amount paid in advance)	(No. of Child:.....)	@ € =
Lunch (per week)	(.....)	@ € =
WEIR CAMP		@ € =
TOTAL FEES		€ _____