

Brain Development Program



Student Exam Registration Data

MUST BE COMPLETED IN ENGLISH. PLEASE WRITE ALL LETTERS AND NUMBERS CLEARLY

Student's Civil ID or Passport Number:

Student's Date of birth (DD/MM/YYYY):

Student's First name as on ID (write in CAPITAL letters):

Student's Last name as on ID (write in CAPITAL letters):

Parent name (write in CAPITAL letters):

Mobile phone (father's or mother's):

Street address and number:

Postal code:

Area:

District:

Grade in school: Academic Year:

- All of the above **must** be completed. Please do not leave any space blank.
- At the day of examination, all students must bring with them their **Civil ID or Passport**.

Parent/guardian full name:

Parent/guardian signature:

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AUTHORIZATION WITH REGARDS TO PERSONAL DATA

I, with ID number
with this statement hereby authorise the American Academy Larnaca to use my personal data such as identity number, name, address, email, telephone, etc. declared during the registration of **my child** for his/her UCMAS lessons at the American Academy Larnaca to be lawfully stored, used and processed in the sense of the General Data Protection Regulation (GDPR) as applicable, by the American Academy Larnaca and the UCMAS Headquarters in Cyprus.

It is understood that the personal data of the child will be kept confidential and will be treated as such. Any information will not be disclosed to any person / organization other than the American Academy Larnaca and the UCMAS Headquarters in Cyprus, except in cases where the Law permits.

PARENT / GUARDIAN

Full Name:

Signature:

Date: