

APPLICATION FORM

Academic Year

_____ - _____

PLEASE COMPLETE IN CAPITAL LETTERS

SECTION A: BASIC DETAILS

NAME: <i>(As per birth certificate)</i>		SURNAME: <i>(As per birth certificate)</i>	
DATE OF BIRTH:		MALE: <input type="checkbox"/>	FEMALE: <input type="checkbox"/>
PLACE OF BIRTH:			
CHILD'S NATIONALITY:			
DATE PUPIL WISHES TO ENTER:			
CLASS PUPIL WISHES TO ENTER:			
WHICH LANGUAGES DOES THE STUDENT SPEAK:			

SECTION B: CHILD'S CURRENT SCHOOL

NAME OF SCHOOL:	
COUNTRY:	
CHILD'S CLASS:	

SECTION C: ADDRESS AND CONTACT DETAILS

CONTACT ADDRESS:	Street & No.:		
	Town/Village:		POST CODE:
	Country:		
CONTACT TELEPHONE:			
MAILING ADDRESS: <i>(if different)</i>	Street & No.:		
	Town/Village:		POST CODE:
	Country:		

SECTION D: FAMILY DETAILS

PARENT 1 / GUARDIAN 1 DETAILS			Tick if deceased	<input type="checkbox"/>
MALE:	<input type="checkbox"/>	FEMALE	<input type="checkbox"/>	
NAME:		SURNAME:		
NATIONALITY:		SPOKEN LANGUAGES:		
CONTACT TELEPHONE:		EMAIL:		
ADDRESS: <i>(If different)</i>	Street & No.:			
	Town/Village:		POST CODE:	
	Country:			

SECTION D: FAMILY DETAILS			
PARENT 2 / GUARDIAN 2 DETAILS			Tick if deceased
MALE:	<input type="checkbox"/>	FEMALE:	<input type="checkbox"/>
NAME:		SURNAME:	
NATIONALITY:		SPOKEN LANGUAGES:	
CONTACT TELEPHONE:		EMAIL:	
ADDRESS: <i>(If different)</i>	Street & No.:		
	Town/Village:		POST CODE:
	Country:		
IF OTHER SIBLINGS CURRENTLY AT THE AMERICAN ACADEMY LARNACA, PLEASE LIST BELOW:			
NAME:		CLASS:	
NAME:		CLASS:	
NAME:		CLASS:	
IF PARENTS/ GUARDIANS ARE GRADUATES OF THE AMERICAN ACADEMY LARNACA, PLEASE LIST BELOW:			
NAME:		YEAR OF GRADUATION:	
NAME:		YEAR OF GRADUATION:	
SECTION E: OTHER INFORMATION			
Please indicate below any disabilities, learning difficulties, medical problem or other information that the American Academy Junior School Larnaca should be aware of (please submit certificates where appropriate). This will in no way disadvantage the student; the information is required so that we may provide a better service to your child.			

SIGNATURES	
DATA PROTECTION ACT: Consent for the collection and processing of personal data:	
The information provided on this form is subject to the General Data Protection Regulation (GDPR). We have taken all reasonable technical and organizational measures to ensure that the data you provide us with, will always be safe and processed for the purpose collected for following your consent. With this form you provide your consent for processing your child's personal data for entering the American Academy Junior School Larnaca.	
You have the right to access, rectify and erase any of your or child's data, or request restriction of a specific processing. We will never transfer your personal data of you or your child's to any third parties or use it in ways other than the purpose you have given it to us. In case you need information regarding the protection of your personal data and the exercise of your or your child's subject rights, you can view our Privacy Policy at www.academy.ac.cy or email us at dpo@academy.ac.cy .	

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

Where parental responsibility for a minor has been entrusted to one of the two parents please provide relevant certificate.

Please return to the Junior School Office. This may be done by email to aajuniorschool@academy.ac.cy

If a parent is deceased, please provide a death certificate.

Please provide a copy of the child's birth certificate. Please note that if the student has not succeeded, then we will safely dispose of the document.