

Parent's/Legal

Guardian's Name



Student Exam Registration Data

MUST BE COMPLETED IN **ENGLISH**. PLEASE WRITE ALL LETTERS AND NUMBERS CLEARLY and in CAPITAL LETTERS

STUDENT ID / PASSPORT NUMBER					
STUDENT'S DATE OF BIRTH (DD/MM/YYYY)					
STUDENT'S FIRST NAME (as on	ID/Passport)				
STUDENT'S LAST NAME (as on	ID/Passport)				
FATHER / LEGAL GUARDIAN 1		MOTHER / LEGAL GL	MOTHER / LEGAL GUARDIAN 2		
NAME		NAME			
CONTACT NUMBER		CONTACT NUMBER			
CONTACT ADDRESS		CONTACT ADDRESS			
Grade in school:		Academic Year:			
the Protection of Personal Data of the Ed of Personal Data and on the Free Move	uropean Union (Regulation 201 ement of such Data, N. 125 (I) ith, will always be safe and pi	.6/679) and the "Law on the Pro \prime 2018 ". We have taken all re	otectio asonal	4 815 400) follow the General Regulation on on of Individuals with regard to the Processing ole technical and organisational measures to for, following your consent. We need your	
I consent to the use and publication In printed material, displays, maga newsletters, leaflet		te (e AAL Social Media Pages (YouTube, pok, Instagram)	
☐ Yes ☐ No	☐ Yes ☐ No	1	⊐ Yes	□No	
your child's personal data to any third protection of your or your child's personal us at theinstitute@academy.ac.co	arties or use it for any purpose and data and the exercise of your sportsacademy are Data Protection Officer at go	other than its intended use. In our subject rights, you can view ac.cy. If you have any question aloomacademy.ac.cy or call 24	case y w our ns, wo 815 40	rocessing. We will never transfer your or you need more information regarding the privacy policy at www.academy.ac.cy or uld like to exercise any of your rights or 00. If you are not satisfied, you can file a	
Parent's/Legal Guardian's Name	Signat	ure		Date	

Where parental responsibility for a minor has been entrusted to one of the two parents please provide relevant certificate. If a parent is deceased, please provide a death certificate.

Signature

Date



Authorization with regards to personal data

I with	n ID number
with this statement I hereby authorise the Private Insti	itute American Academy Larnaca to use
my personal data such as identity number, name,	telephones, etc. declared during the
registration of my child for his/her UCMAS lessons a	at Private Institute American Academy
Larnaca to be lawfully stored, used and processed in th	ne sense of the General Data Protection
Regulation (GDPR) as applicable, by the Private Institu	te 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 per	son / organization other than the Private
Institute American Academy Larnaca and the UCMAS I	Headquarters in Cyprus, except in cases
where the Law permits.	
Name:	
Signature:	
Date:	