

## **SUMMER SCHOOL 2023 - REGISTRATION FORM**

FOR OFFICE USE:							
STUDENT NO:			REGISTRATI	REGISTRATION NUMBER:			
SURNAME: (Capitals,							
CURRENT SCHOOL:							
SCHOOL CLASS THE S	STUDENT WILL	ATTEND IN SE	PTEMBER 202	3:			
Please tick ✓ the we	ek(s) you wish	to register and	d attend:				
26 – 30 June	03 – 07 July	10 – 14 July	17 – 21 July	24 – 28 July	31 July – 4 August	07 – 11 August	
Level of English: Nor	ne / Beginner /	Average / Goo	od / Fluent / M	other Tongue			
FATHER'S FULL NAM	E:						
TEL NO. WORK:			MOBILE:				
MOTHER'S FULL NAM	ИЕ:						
TEL NO. WORK:			. MOBILE:				
HOME ADDRESS:							
E-MAIL ADDRESS:							
DOES THE STUDENT H		HERS OR SISTER	RS ATTENDING T	HE AMERICAN A	ACADEMY SUMM	ER SCHOOL?	
PLEASE INDICATE AN							
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The American Academy Larnaca and the American Academy Alumni Foundation (www.academy.ac.cy, 24 815 400) follow the General Regulation on the Protection of Personal Data of the European Union (Regulation 2016/679) and the "Law on the Protection of Individuals with regard to the Processing of Personal Data and on the Free Movement of such Data, N. 125 (I) / 2018 ". We have taken all reasonable technical and organisational measures to ensure that the data you provide us with, will always be safe and processed for the purpose collected for, following your consent. We need your permission to process your child's photographs and/or videos.

I consent to the use and publication of my In printed material, displays, magazines, newsletters, leaflet	y child's photographs and/or vide On the AAL website	On the AAL Social Media Pages (YouTube, Facebook, Instagram)
☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
transfer your or your child's personal data need more information regarding the prot can view our privacy policy at <a href="www.acade">www.acade</a> would like to exercise any of your rights or he	to any third parties or use it for ection of your or your child's persemy.ac.cy or email us at aasummenave any complaints, you can cont	quest restriction of a specific processing. We will never any purpose other than its intended use. In case you sonal data and the exercise of your subject rights, you <a href="mailto:erschool@academy.ac.cy">erschool@academy.ac.cy</a> . If you have any questions, fact our Data Protection Officer at <a href="mailto:dpo@academy.ac.cy">dpo@academy.ac.cy</a> the Office of the Data Protection Commissioner at
fees are not refundable unless my app the school for discipline and the scho	olication cannot be satisfied of ol's curriculum including out of conduct is in breach of the s	a (school) for prompt settlement of fees and that r is rejected by the school. I accept the terms of of school activities. I acknowledge the school's school's code of conduct, without any financial
	CONSENT	
Parent's/Legal Guardian's Name	Signature	Date
Parent's/Legal Guardian's Name	Signature	Date

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

## **For Office Use**

	Number of weeks		TOTAL AMOUNT
Registration			€10
Weekly fees		@ €65	
Weekly fees (When total amount for 5 weeks or more is paid in advance)		@ €60	
Weekly fees (siblings)		@ €60	
Weekly fees (siblings) (When total amount for more than 5 weeks is paid in advance)		@ €55	
	<u>.</u>	TOTAL FEES	

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