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		XAMINATION APPLICA ademic year 2024 -					
	PLEASE	COMPLETE IN CAPITAL I	ETTERS				
SURNAME:		NAME:	NAME:				
(As per birth certificate)		(As per birth	(As per birth certificate)				
DATE OF BIRTH:		MALE:		FEMALE:			
PLACE OF BIRTH:		IDENTITY CAR	D NO.:				
NATIONALITY:		PASSPORT NO).:				
HOME ADDRESS:	Street & No.: Town/Village:			Post code	2:		
MOBILE TELEPHONE:		EMAIL:					
PREVIOUS SCHOOL ATTEND	DED & CLASS:						
FATHER'S DETAILS				MARI	K √ IF DECEASE	D	
SURNAME:		NAME:					
IDENTITY CARD NO:		PASSPORT NO):				
HOME TELEPHONE:		WORK TEL.					
MOBILE TELEPHONE:		EMAIL:					
ADDRESS:	Street & No.:						
(If different)	Town/Village:		Post cod	Post code:			
MOTHER'S DETAILS				MARI	K √ IF DECEASEI	D	
SURNAME:		NAME:					
IDENTITY CARD NO:		PASSPORT NO):				
HOME TELEPHONE:		WORK TEL.					
MOBILE TELEPHONE:		EMAIL:					
ADDRESS:	Street & No.:						
(If different)	Town/Village:		Post code:				
HOME ADDRESS	Towny vinage.				Tost code.		
HOME ADDRESS (If mailing address differer overleaf)	nt, please list						
PLEASE INDICATE ANY LEAF	RNING DIFFICULTIES						
PLEASE INDICATE ANY MED (Including dietary requirem							
In signing below, you accept the fo The American Academy Larnaca is DATA PROTECTION:	llowing: not obliged to return students' Entrand	ce Exam scripts, or make stude	nts' detailed grades p	ublicity available.			
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NAME:		SIGNATURE:			DATE:		
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NAME:		SIGNATURE:			DATE:		