



**HELLENIC ACADEMY  
APPLICATION FORM – 6<sup>TH</sup> FORM ONLY**

PUPIL INFORMATION	
SURNAME	FIRST NAME
DATE OF BIRTH	SEX
CURRENT SCHOOL	CURRENT FORM
PLACE OF BIRTH	NATIONALITY
RELIGION	HOME LANGUAGE
INTENDED DATE OF ADMISSION	INTENDED FORM OF ADMISSION

PARENT INFORMATION	
FATHER	MOTHER
FULL NAME	FULL NAME
HOME ADDRESS	HOME ADDRESS
HOME TEL. NUMBER	HOME TEL. NUMBER
CELL NUMBER	CELL NUMBER
EMAIL	EMAIL
OCCUPATION	OCCUPATION
EMPLOYER/COMPANY	EMPLOYER/COMPANY

<b>MARITAL STATUS</b>	MARRIED	DIVORCED	SEPARATED	WIDOWED	SINGLE
<b>PUPIL LIVES WITH</b>	BOTH PARENTS	MOTHER	FATHER	GUARDIAN	

PUPIL'S BROTHERS/SISTERS ATTENDING HELLENIC SCHOOLS OR OTHER SCHOOLS			
NAME	DATE OF BIRTH	SCHOOL	GRADE/FORM

**DECLARATION**

(name in block letters)

- A) Agree that my child will be collected from school within 15 minutes of either school or his/her afternoon activity ending.
- B) Agree that he/she will attend school punctually whenever required to do so.
- C) Agree that he/she will observe and be subject to all the regulations, rules and discipline of the school.
- D) Agree that he/she will take part in such sports and activities as may be arranged by the school for him/her.
- E) Agree that he/she will be exposed to the Greek Orthodox Foundations in Faith and practice and will have to attend lessons/Church services as and when timetabled.
- F) Agree that he/she will be provided with and will wear the correct school and sporting uniforms.
- G) Accept full responsibility for payment of all school fees and levies as set out from time to time by the Governing Body and agree that these are payable in advance or on the first day of each term.
- H) Undertake to give a term's written notice of withholding my child from the school or forfeit one term's fees in lieu of notice.
- I) I nominate Dr \_\_\_\_\_ of \_\_\_\_\_

Telephone \_\_\_\_\_ to attend my child in case of illness/injury at the School if the Head of the School is unable to contact me. I agree that if the medical practitioner named is not available, the Head of the School may act in his/her own discretion on my behalf in respect of my child.

- J) Declare that the information given by me on this form is true and correct.

**SIGNATURE** \_\_\_\_\_ **DATE:** \_\_\_\_\_

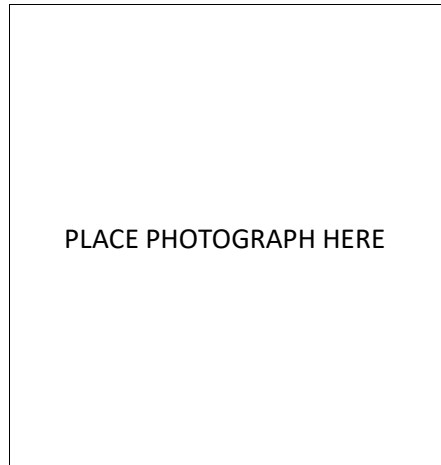
**This form must be accompanied by a non-refundable Application Fee. On receipt of this form your son's/daughter's name will be entered on our waiting list. Acceptance of this registration form does not imply final acceptance of the candidate.**

**This will depend on the following:**

- The availability of a place
- Testing
- All other selection criteria are met

**Please attach to the Application::**

- IGCSE Certificate
- Copy of current school report
- Certified copy of the pupil's Birth Certificate
- 1 Passport size photo
- Application Fee of USD10 paid either in cash or by RTGS or Swipe



**RECEIPT NUMBER:** \_\_\_\_\_

**Please list the subjects your child would like to take up for AS/A Level in order of preference:**

- |    |    |
|----|----|
| 1. | 3. |
| 2. | 4. |