

19.6.2017 - 28.7.2017

APPLICATION FORM

Student's Name & Surname:					
Date of birth:					
Current School:					
Name of mother:					
Name of father:					
Tel Home:					
Mother mobile:					
Mother Tel.					
Father mobile:					
Father Tel.					
Address:					
Area:					
P.Code:					
Name and phone number of person who may be called in an emergency other than the parents: (Must be filled in) Name:					
Relationship to student: Phone No					
Transportation: YES NO NO					
(Transportation address if different from the above)					
Address:					
Area:	P.Code:				

Due to new students' weekly registrations, changes of our buses' time of pick-up and delivery will change by a maximum of (plus or minus) 15 minutes. We will warn parents of any such changes as soon as we can.

Fees:	€	_ Weeks	From:	To:		
	€	_ Transportation				
	€	_TOTAL				
Please	state whether your	child has any hea	alth problems: If so	, please give details.		
Studei to.	nts are allowed to be	e placed in the sa	me team with up to	TWO friends if they all wish		
Stude	nts requested to be	with:				
Summ	•	•	_	ations of The Grammar eachers of The Grammar		
Signat	ure:		Date:			