



ENTRANCE EXAM FORM

PERSONAL INFORMATION

CHILD'S OFFICIAL FIRST NAME(S)

CHILD'S SURNAME (family name)

GENDER: MALE FEMALE

DATE OF BIRTH

DAY

MONTH

YEAR

ID/PASSPORT NO

CITIZENSHIP

ESTIMATED LENGTH OF STAY
AT THE SCHOOL

CLASS/ GRADE OF ENTRY

PREVIOUS SCHOOL

MEDICAL INFORMATION

- Does your child have any medical conditions/allergies? YES NO
- Does your child have any special needs, disabilities or any behavioural problems? YES NO

If Yes, please provide documents.

PARENTIAL INFORMATION

CARER DETAILS

RELATIONSHIP TO CHILD

NAME AND SURNAME

MOBILE / HOME PHONE

EMAIL

Entrance exams fee of :150€ (S1-S7) [Non-refundable]