



ΕΛΛΗΝΙΚΟ ΠΑΡΟΙΚΙΑΚΟ ΣΧΟΛΕΙΟ
HELLENIC SCHOOL OF MANCHESTER



ΔΕΛΤΙΟ ΕΓΓΡΑΦΗΣ – REGISTRATION FORM

Σχολική χρονιά 202__ – 202__

Registration Date/ Ημερομηνία Αίτησης Εγγραφής: ___/___/_____

Student Information/ Πληροφορίες Μαθητή/τριας

Student Name / Όνομα μαθητή/τριας			Date of Birth/ Ημ. Γέννησης ___/___/_____
Existing Student	• YES • NO		(tick as appropriate)
Attending Level <i>Επίδexo Ελληνικών</i> (tick as appropriate)	• A1 (αρχάριο)	• A2	• Adult Learner (18+)
	• A1 (προχωρημένο)	• B1	
Day/ Ημέρα:	Saturday	Tuesday	(tick as appropriate)
Medical or Other Conditions/ Θέματα Υγείας	• YES • NO		(tick as appropriate)
	If YES please specify:		
How many children do you wish to register?			
Payment options	Cash in September / Bank Transfer		

Parent / Guardian Information

Parent / Guardian 1			
Name and Surname			
Occupation			
Current Address			
Contact Number		Email	

Parent / Guardian 2			
Name and Surname			
Occupation			
Current Address			
Contact Number		Email	

Additional information (this will remain confidential)

Άλλες πληροφορίες (Θα παραμείνουν εμπιστευτικές)

Any other personal information about the student.

Consent

I consent to allow the Hellenic school of Manchester to use my child's photo, drawings, artwork or written work in the school website and/or newsletter.	Yes / No
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Declaration

- I have completed this form to the best of my knowledge.
- I have informed the School of any medical or other issues in relation to this registration.
- I am aware that it is illegal to provide the wrong information on this registration form.

Name:	
Signature:	
Date:	

For Office Use Only:	
Student number	
CEFR Level	
Class	
Teacher	