

# KASA

High School



1961

## APPLICATION FORM

### FOR OFFICIAL USE ONLY

FILE No.: ..... DATE RECEIVED: .....

SEMESTER & YEAR:

FALL 20 ..... SPRING 20 ..... SUMMER 20 .....

### PERSONAL INFORMATION

NAME: ..... LAST NAME: .....

DATE OF BIRTH: ..... GENDER: ☐ MALE ☐ FEMALE

ADDRESS: .....

PASSPORT No.: ..... EXPIRY DATE: .....

PHONE No.: ..... EMAIL: .....

OCCUPATION: .....

AGENT'S NAME: .....

AGENT'S PHONE No.: ..... AGENT'S EMAIL: .....

### GUARDIAN'S INFORMATION

NAME: ..... LAST NAME: .....

DATE OF BIRTH: ..... GENDER: ☐ MALE ☐ FEMALE

ADDRESS: .....

EMAIL: .....

PHONE No.: ..... RELATIONSHIP: .....

OCCUPATION: .....

### ACADEMIC INFORMATION

ENGLISH QUALIFICATION: ☐ YES ☐ NO IF YES, SPECIFY: .....

SCHOOL NAME: ..... GRADUATED: ☐ YES ☐ NO

LAST YEAR ATTENDED: .....

FINAL GRADE: ..... (PLEASE ATTACH A COPY OF THE TRANSCRIPTS FROM YOUR LAST SCHOOL)

### CHECKLIST: PLEASE ENSURE THAT YOU ATTACH ALL SUPPORTING DOCUMENTS

☐ PASSPORT COPY ☐ POLICE CERTIFICATE ☐ MEDICAL CERTIFICATE

☐ 180€ APPLICATION FEE ☐ HIGH SCHOOL TRANSCRIPT

IF YOU HAVE A DISABILITY WHICH WE MAY BE ABLE TO HELP YOU WITH OR REQUIRE EXTRA SUPPORT, PLEASE TICK THIS BOX. ☐

### DECLARATION

I DECLARE THAT THE ABOVE INFORMATION IS TRUE. THIS INFORMATION IS GIVEN TO AND APPROVED BY THE MIGRATION DEPARTMENT OF CYPRUS AND MINISTRY OF EDUCATION. I UNDERSTAND THAT ANY FALSE INFORMATION SUBMITTED IN SUPPORT OF MY APPLICATION IS CONSIDERED A CRIME AND MAY RESULT IN THE WITHDRAWAL OF MY APPLICATION.. I COMMIT THAT MY SOLE PURPOSE OF COMING TO CYPRUS IS TO BE A FULL-TIME STUDENT AND WILL NOT, UNDER ANY CIRCUMSTANCES, APPLY TO BECOME AN ASYLUM SEEKER AND/OR REFUGEE.

.....  
APPLICANT'S SIGNATURE

.....  
DATE

I CONSENT TO HAVING KASA HIGH SCHOOL COLLECT MY DETAILS VIA THIS FORM ☐

PLEASE CHECK OUR PRIVACY POLICY ON OUR WEBSITE [WWW.KASAHIGHSCHOOL.AC.CY](http://WWW.KASAHIGHSCHOOL.AC.CY) TO SEE HOW WE PROTECT AND MANAGE YOUR SUBMITTED INFORMATION.