

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

100€ 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.

.....
APPLICANT'S SIGNATURE

.....
DATE