



The G C School of Careers

SPORTS SCHOOL

REGISTRATION FORM – SCHOOL YEAR 2015-2016

Please Specify Sport: _____

STUDENT'S PERSONAL INFORMATION

Last Name:		First Name:	
Date of Birth (dd/mm/yyyy): / /		Place of Birth:	
Nationality:	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	ID Card Number:	
Religion: <input type="checkbox"/> Christian Orthodox If other please specify:			
Elementary School / District:			
Residence Address:			
Postal Code:		Residence Phone:	
<input type="checkbox"/> Greek speaking applicant		<input type="checkbox"/> English speaking applicant	
Does the student have any brothers/sisters who attend/attended our School? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please provide below the name of the student and his/her form or graduation year.			
Full Name:		Form/Graduation year:	

FATHER'S PERSONAL INFORMATION

Last Name:	First Name:
Occupation:	Company:
Work Phone:	Mobile Phone:
Email:	GCS Graduate: <input type="checkbox"/> Yes <input type="checkbox"/> No Year:

MOTHER'S PERSONAL INFORMATION

Last Name:	First Name:
Occupation:	Company:
Work Phone:	Mobile Phone:
Email:	GCS Graduate: <input type="checkbox"/> Yes <input type="checkbox"/> No Year:

Notes

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Parent's/Guardian's Signature: _____ Date: _____