

**APPLICATION FOR ENTRANCE TO FOLEY'S SCHOOL**

**CHILD**

NAME ..... SURNAME: .....

NATIONALITY:..... DOB:.....

FIRST LANGUAGE: .....

KNOWLEDGE OF ENGLISH:            FLUENT         FAIR         LITTLE

NAME OF PREVIOUS SCHOOL: .....

ATTENDED FROM: .....TO: .....

CLASS COMPLETED: .....LANGUAGE OF INSTRUCTION: .....

**PARENTS**

MOTHER'S NAME: .....

HOME TEL: .....OFFICE TEL: .....MOBILE: .....

FATHER'S NAME: .....

HOME TEL: .....OFFICE TEL: .....MOBILE: .....

HOME ADDRESS: .....

EXPECTED DURATION OF STAY IN CYPRUS: .....

STARTING DATE: ..... CLASS: .....

**(This application is valid for one year only. Where no places are available interest must be reconfirmed).**

PARENT'S SIGNATURE.....DATE .....

For Office use only

ENTRANCE TEST: .....AT .....AM / PM

APPLYING FOR: .....CLASS: .....

RECONFIRMATION FOR: .....CLASS: .....

REMARKS: .....

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