

APPLICATION FOR ENTRANCE TO FOLEY'S SCHOOL

APPLICANT'S NAME:.....

ADDRESS:

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

DATE OF BIRTH:NATIONALITY:.....

FIRST LANGUAGE:

KNOWLEDGE OF ENGLISH: FLUENT £ FAIR £ LITTLE £

NAME OF PREVIOUS SCHOOL:

TOWN:COUNTRY.....

ATTENDED FROM: TO:

CLASS COMPLETED:.....

LANGUAGE OF INSTRUCTION:

(in previous school)

EXPECTED DURATION OF STAY IN CYPRUS:

PARENT'S SIGNATURE..... DATE

ENTRANCE TEST:ATAM / PM

STARTING DATE: CLASS:

ENGLISH:

MATHS:

HEADMASTER'S/HEADMISTRESS'S COMMENTS:

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