

APPLICATION FOR ENTRANCE TO FOLEY'S SCHOOL

40 Homer Street, 3095 Lemesos, Cyprus. Tel:+357 2558 2191, Fax: +357 2558 4119
e-mail: foley@spidernet.com.cy, www.foleysschool.com

CHILD'S NAME:.....

DATE OF BIRTH: NATIONALITY:.....

FIRST LANGUAGE:

KNOWLEDGE OF ENGLISH: FLUENT FAIR LITTLE

NAME OF PREVIOUS SCHOOL:

ATTENDED FROM: TO:

CLASS COMPLETED:.....

LANGUAGE OF INSTRUCTION:

(in previous school)

PARENTS

ADDRESS:

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

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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