



Examination details (cross  appropriate box to indicate the examination).  
Complete a separate form for each examination.

**KEY ENGLISH TEST**   
**PRELIMINARY ENGLISH TEST**

**FIRST FOR SCHOOLS**   
**CERTIFICATE IN ADVANCED ENGLISH**

**CERTIFICATE OF PROFICIENCY IN ENGLISH**

NAME OF SCHOOL OWNER

ADDRESS OF SCHOOL

TELEPHONE NUMBER

No.	Candidate Name (not to exceed 54 characters including spaces between names and initials)			Date of Birth
	FIRST NAME	FATHER'S NAME	FAMILY NAME	
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**ΠΡΟΣΟΧΗ:** Θα ήθελα να παραλάβω ΑΠΟΔΕΙΞΗ ΕΞΕΤΑΣΤΡΩΝ στο όνομα του Σχολείου  στο όνομα κάθε μαθητή  (Παρακούμε συμπληρώστε με  το τετράγωνο της προτίμησής σας).

I ask that these candidates be admitted to this examination. I undertake to ensure these candidates are made aware of and comply with the regulations and the arrangements made by the Local Secretary. None of these candidates has English as their first language. I have taken reasonable steps to identify any candidates with special needs and notified the Local Secretary.

**Signature of Administrator**

**Date**