

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

Schools with separate branches must complete a separate form for each school

INSTRUCTIONS FOR COMPLETING THIS FORM

- | | |
|---|---|
| 1 Please number candidates in ascending sequence.
2 The first name, father's name and family name must be written in capital letters.
3 Enter 'M' for male, 'F' for female.
4 Enter the Date of Birth of the candidate. This is to aid further identification. | 5 Enter the candidate's nationality.
6 Enter the candidate's first language.
7 An 'R' is to be inserted for any candidate who is retaking the syllabus. |
|---|---|

NAME OF SCHOOL OWNER
ADDRESS OF SCHOOL
TELEPHONE NUMBER

1 No.	2 FIRST NAME	Candidate Name FATHER'S NAME	FAMILY NAME	3 Sex M/F	4 Date of Birth	5 Nationality	6 First Language	7 Retake
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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

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