

**DDE 11**

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| REPUBLIC OF CYPRUS  **MINISTRY OF EDUCATION, CULTURE**  **SPORT AND YOUTH** |  | **DEPARTMENT**  **OF PRIMARY EDUCATION** |

**application for REGISTRATION in primary or PRE-PRIMARY school (compulsory Pre-primary education and pre-primaRy class)**

(Please submit along with an official birth certificate as well as refuse and electricity bills.)

**PART A - Please complete ALL data below:**

1. Child’s name and surname: …………………..................................................................................………….
2. Date of birth: ………/………/……………. Place of birth: ..............................................................………….
3. Home address: …………………....….………........................................ Postal code: .…………..……..…….

Area: ……............................................................................ Telephone No. (home): …….…………….....…

1. School and class**s/he currently attends/has attended until now**(underline accordingly):

Primary School/Pre-Primary School: ..…......................………….................................. Class: ……………..

1. School and class **for which registration is requested during the school year …………………..………:**

Primary School/Pre-Primary School: ..…......................………….................................. Class: ……………..

1. Father’s full name: ......….............................................................. Telephone No. (mobile): .........................

Εmail: …………………………….………………………………………………………………………..…………..

Occupation: ......................................................................... Telephone No. (work): .....................................

Place of work: ...................................................................... Birthplace: .......................................................

1. Mother’s full name: ...........…..................................................…. Telephone No. (mobile): ...........................

Email: …………………………………………………………………………………………………………………..

Occupation: ........................................................................ Telephone No. (work): ......................................

Place of work: ..................................................................... Birthplace: ........................................................

1. Refugee family: YES NO Refugee card number: …………………………………………

**PART B - In case the child is a Cypriot citizen, please complete the following:**

1. Greek Cypriot Turkish Cypriot Maronite Armenian Latin

**PART C - In case Greek is NOT the child’s mother tongue, please complete the following:**

1. Child’s knowledge of the Greek language: Very good Good Fair Poor
2. Passport number: ……..……………..…….........…………………………..….…. *(Please attach certified copy.)*
3. Country of origin: ……………………...…………..…………………………………..………………………………

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**PART D - Please complete the following:**

1. Child with Special Needs:
2. Approved by the District Special Education Committee (DSEC) for providing:

Special Education Speech Therapy Care Assistant

*(Please attach the relevant documents.)*

b) Under examination by the DSEC: YES NO

c) Diagnosed but who has not been referred to the DSEC*.*

14. Are there any particular issues relating to the child (e.g. health issues), about which the school should be informed? YES NO If YES, please explain further: ……………………………….…....……

……………………………...………………........................................................................................................

……………………………...………………........................................................................................................

**PART E - In case the parents are divorced or separated, please circle (a) or (b) or (c) and complete/ underline what applies to your case:**

**(a)** Parental care is exercised jointly by both parents while the custody and care of the child has been assigned to the **father** / **mother** *(underline as necessary).* **The child’s attendance to a particular school is not determined by a Court Order.**

Father’s signature indicating agreement with this application: ……………………………………..…………….

Mother’s signature indicating agreement with this application: ………........................................……….…….

***(Signature of both parents is required.)***

**(b)** Parental care is exercised jointly by both parents while the custody and care of the child has been assigned to the **father** / **mother** *(underline as necessary).* **The child’s attendance to a particular school has been decided by the family court *(please attach the relevant Court Order).***

**(c)** Parental care of the child has been assigned exclusively to the **father** / **mother** / **other person** *(underline as necessary and* ***attach the relevant Court Order****)*.

**Name and surname of parent/guardian who completed the application:** ……………………………….

**Signature:** ………………………….………..

**Date:** ……./……../……….

***WARNING: False statements will lead to prosecution for deception of the Authorities and cancelation of any potential approval of the application.***

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