



The G C School of Careers

ENTRANCE EXAMS – SCHOOL YEAR 2010-2011

CANDIDATE'S PERSONAL INFORMATION

| | | | |
|--|---|---|--|
| Last Name: | | First Name: | |
| Date of Birth (dd/mm/yyyy): / / | | Place of Birth: | |
| Nationality: | Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female | ID Card Number: | |
| Religion: <input type="checkbox"/> Christian Orthodox If other please specify: | | | |
| Elementary School / District: | | | |
| Residence Address: | | | |
| Postal Code: | | Residence Phone: | |
| <input type="checkbox"/> Greek speaking applicant | | <input type="checkbox"/> English speaking applicant | |
| Does the candidate have any brothers/sisters who attend/attended our School? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please provide below the name of the student and his/her form or graduation year. | | | |
| Full Name: | | Form/Graduation year: | |
| Has the candidate been attending Greek and Mathematics lessons at the G C Institute? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | |

FATHER'S PERSONAL INFORMATION

| | | | |
|-------------|--|---|--|
| Last Name: | | First Name: | |
| Occupation: | | Business Name: | |
| Work Phone: | | Mobile Phone: | |
| Email: | | GCS Graduate: <input type="checkbox"/> Yes <input type="checkbox"/> No Year: | |

MOTHER'S PERSONAL INFORMATION

| | | | |
|-------------|--|---|--|
| Last Name: | | First Name: | |
| Occupation: | | Company: | |
| Work Phone: | | Mobile Phone: | |
| Email: | | GCS Graduate: <input type="checkbox"/> Yes <input type="checkbox"/> No Year: | |

CONTACT PERSON

| | | | |
|---------------|--|-----------------------|--|
| Contact Name: | | Contact Phone Number: | |
|---------------|--|-----------------------|--|

If special arrangements will have to be made on Examination day regarding health problems, please specify:

Parent's/Guardian's Signature: _____ Date: _____