



The G C School of Careers

PLACEMENT EXAMS – SCHOOL YEAR 2010-2011

Place for Form: _____

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:			
Secondary 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:	

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: _____