



Ecole franco-chypriote de Nicosie  
20 Kavafi Street 2121 Aglantzia  
P.O. Box 22091 1517 Nicosie Chypre  
Tél. : + (357) 22 66 53 18  
Mél : [secretariat@efcn.info](mailto:secretariat@efcn.info)



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Agence pour  
l'enseignement français  
à l'étranger

## INSCRIPTION FORM KINDERGARTEN – PRIMARY SCHOOL

### **I. ADMINISTRATIVE INFORMATION :**

Surname :

Name :

Nationality :

Date of birth :

Place of Birth :

Sex :

Address :

Class :

TPS

PS

MS

GS

CP

CE 1

CE 2

CM1

CM 2

Admission date :

### **Parents :**

Name, Nationality, father's profession :

Name, nationality, mother's profession :

Telephone number (home) :

Father's telephone number :

Mother's telephone number :

Email :

Address (if different) :

### **II. PEDAGOGICAL INFORMATION :**

French section

French-hellenic section

Student with learning difficulties :

YES

NO



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If yes, please precise :

**III. MEDICAL INFORMATION:**

Is the child allergic ? :

YES

NO

Type of allergy :

In case of accident, please precise hospital : general hospital / aretaio/ other :

Please chose whether you would like your phone number and e-mail address to be included in the telephone catalog of parents used by the Parents Association

YES

NO

Child photo / video release consent :

YES

NO

Parents signature :

**REQUIRED DOCUMENTS :**

**Kindergarten :**

- Copy of birth certificare
- Medical certificate

**Elementary school :**

- Copy of birth certificare
- School booklet (last two years)
- In the event of a divorce: attach a copy from the judgment for the custody of the child.
- School certificate