



Ecole franco-chyprite de Nicosie
20 Kavafi Street 2121 Aglantzia
P.O. Box 22091 1517 Nicosie Chypre
Tél. : + (357) 22 66 53 18
Mél : secretariat@efcn.info
Année scolaire 2018-2019



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l'enseignement français
à l'étranger

INSCRIPTION FORM

KINDERGARTEN – PRIMARY SCHOOL

SCHOOL YEAR 2019-2020

I. ADMINISTRATIVE INFORMATION :

Surname :	Name :	Nationality :		
Date of birth :	Place of Birth :	Sex :		
Address :				
Class :				
TPS <input type="checkbox"/>	PS <input type="checkbox"/>	MS <input type="checkbox"/>	GS <input type="checkbox"/>	
CP <input type="checkbox"/>	CE 1 <input type="checkbox"/>	CE 2 <input type="checkbox"/>	CM1 <input type="checkbox"/>	CM 2 <input type="checkbox"/>
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 <input type="checkbox"/>	French-hellenic section <input type="checkbox"/>	
Student with learning difficulties :	YES <input type="checkbox"/>	NO <input type="checkbox"/>



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If yes, please precise :		
III. <u>MEDICAL INFORMATION:</u>		
Is the child allergic ? :	YES <input type="checkbox"/>	NO <input type="checkbox"/>
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 <input type="checkbox"/>	NO <input type="checkbox"/>
Child photo / video release consent :	YES <input type="checkbox"/>	NO <input type="checkbox"/>

Parents signature :

REQUIRED DOCUMENTS :

Kindergarten :

- Copy of birth certificare
- Medical certificate

Elementary school :

- Copy of birth certificare
- School booklet (last two years)
- School certificate