



**St. Lawrence College**  
The British School in Greece

## SUMMER SCHOOL 2024

June 25<sup>th</sup> – July 19<sup>th</sup>

### APPLICATION FORM

Desired duration of attendance: From ...../...../2024 To ...../...../2024

Pupil's Full Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Sex: \_\_\_\_\_ Nationality: \_\_\_\_\_ Grade finished in June 2024: \_\_\_\_\_

Mother Tongue: \_\_\_\_\_ Other Language Spoken: \_\_\_\_\_

Please tick the programme you want your child to follow if he/she is 7 and over:

English Language:

Sports:

Creative Arts & Drama:

Parent's Full Name:

Father: \_\_\_\_\_ Occupation: \_\_\_\_\_

Father's Mobile: \_\_\_\_\_ Email: \_\_\_\_\_

Mother: \_\_\_\_\_ Occupation: \_\_\_\_\_

Mother's Mobile: \_\_\_\_\_ Email: \_\_\_\_\_

*I give my consent for my child's photos/videos to be used in the yearbook or other school publications, the school website & social media as well as within school for display purposes.*

YES

NO

Name/Surname of the person responsible for the payment of fees\*: .....

Tax Number of the person responsible for the payment of fees .....

\* According to the Ministry of Finance, financially responsible is the person who declares the amount of fees paid on his/her tax return.

Parent's Signature: \_\_\_\_\_

Date: \_\_\_\_\_



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## MEDICAL FORM

Pupil's Full Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Has your child any allergies?

YES

NO

If yes, please specify: Allergic to \_\_\_\_\_

Does your child have asthma?

YES

NO

Date of last tetanus shot: \_\_\_\_\_

If any medication is being taken please state the reason: \_\_\_\_\_

List below relatives or neighbours who will assume temporary care of your child if you cannot be reached.

Name: \_\_\_\_\_ Tel.: \_\_\_\_\_

Name: \_\_\_\_\_ Tel.: \_\_\_\_\_

**I attach herewith the health certificates from a Cardiologist and a Dermatologist.**

Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_





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## TRANSPORTATION FORM

YES

NO

If the answer is yes, please fill in the following:

Desired duration of attendance: From ...../...../2024 To ...../...../2024

Pupil's Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

Telephone (Home): \_\_\_\_\_ (Office): \_\_\_\_\_

Father's Mobile: \_\_\_\_\_ Mother's Mobile: \_\_\_\_\_

Please mention the nearest crossroad: \_\_\_\_\_

\_\_\_\_\_

If it is one way street, please mention two crossroads: \_\_\_\_\_

\_\_\_\_\_

Name of the person responsible to collect your child/children: \_\_\_\_\_

\_\_\_\_\_

Parent's Signature: \_\_\_\_\_

Date: \_\_\_\_\_