



INTERNATIONAL SCHOOL OF ATHENS

REGISTRATION FOR SUMMER PROGRAM 2012

CHOICE OF PROGRAM:	MELINA'S 5 WEEKS (2-5 YEARS OLD)	<input type="checkbox"/>	18/6/2012-20/7/2012
	KEFALARI 5 WEEKS (5-17 YEARS OLD)	<input type="checkbox"/>	18/6/2012-20/7/2012

STUDENT'S NAME _____

DATE OF BIRTH _____ CITIZENSHIP _____

PARENTS NAME _____

PROFESSION _____ COMPANY: _____

HOME ADDRESS _____

HOME TELEPHONE _____ WORK TELEPHONE _____

FAX (HOME/OFFICE) _____ MOBILE _____

email _____

EMERGENCY CONTACT (NAME, TELEPHONE) _____

SCHOOL ATTENDED BY STUDENT _____

LANGUAGE SPOKEN AT HOME _____

MEDICAL HISTORY (IF ANY) _____

PHARMACEUTICAL TREATMENT OR ALLERGIES (IF ANY) _____

HOW DID YOU LEARN ABOUT OUR PROGRAM? _____

KNOWLEDGE OF ENGLISH BEGINNER MEDIUM ADVANCED

KNOWLEDGE OF GREEK BEGINNER MEDIUM ADVANCED

TUITION FOR THE 2012 SUMMER PROGRAM		TRANSPORTATION	
For 1 week	250	For 1 week	100
For 2 weeks	500	For 2 weeks	100
For 3 weeks	750	For 3 weeks	200
For 4 weeks	800	For 4 weeks	200
For 5 weeks	950	For 5 weeks	300

OTHER DETAILS

Please note the following:

A NON-REFUNDABLE DEPOSIT OF 200 EUROS MUST ACCOMPANY THIS FORM
PAYMENT IN FULL MUST BE MADE BY **JUNE 18, 2012**

DATE _____

SIGNATURE OF PARENT OR GUARDIAN _____