



SCHOOL YEAR 2023 - 2024

REPUBLIC OF CYPRUS
MINISTRY OF EDUCATION
SPORT AND YOUTH

**APPLICATION FOR REGISTRATION/TRANSFER OF STUDENTS (SECONDARY GENERAL
EDUCATION)**

*APPLICATION SUBMITTED WITH ORIGINAL DOCUMENTS/EVIDENCE
TOGETHER WITH THEIR COPIES (E1-E9)*

APPLICATIONS NOT FULLY COMPLETED WILL NOT BE ACCEPTED

A. STUDENT DATA:

(TO BE COMPLETED AS WRITTEN ON THE ID/PASSPORT IN CAPITAL LETTERS)

NAME:		SURNAME:	
DATE OF BIRTH:		ID NUMBER(*):	

() OR PASSPORT NO (Copies to be attached, E1)*

B. FAMILY DATA:

(TO BE COMPLETED AS WRITTEN ON THE ID/PASSPORT IN CAPITAL LETTERS)

FATHER'S NAME:		MOTHER'S NAME:	
FATHER'S SURNAME:		MOTHER'S SURNAME:	
FATHER'S MOBILE PHONE NUMBER:		MOTHER'S MOBILE PHONE NUMBER:	
EMAIL ADDRESS:			
NAME AND SURNAME OF PARENT/GUARDIAN ASSIGNED WITH PARENTAL CARE IN CASE OF DIVORCE: <i>(Attach any court decision, E2):</i>			

C. ADDRESS (Attach evidence, E3)

HOME ADDRESS:		FLAT.:	
POSTAL CODE:		DISTRICT:	
		AREA:	

D. DETAILS REGARDING REGISTRATION/TRANSFER:

School where the student attends: <i>(Attach evidence, E4)</i>		
School you are applying to enrol/transfer to:		
Class in which the student will attend during the school year 2023-2024:		
Subject Orientation Group (OMP) <i>(for 1st Grade Lyceum students):</i> <i>(Attach evidence, E5)</i>		
Direction <i>(for 2nd and 3rd Grade Lyceum students):</i> <i>(Attach evidence, E5)</i>		
Student with Special Educational Needs. Please Circle Accordingly: <i>(Attach evidence, E6)</i>	YES (Individual Support or Team Support)	NO
The student knows the Greek language <i>(Please Circle Accordingly):</i>	YES	NO

Reasons for requesting enrolment/transfer to another school. (Document the reasons by attaching the necessary supporting documents. If your request is due to relocation-change of residence, attach the relevant documents/evidence, E7)

WARNING: False statements will lead to prosecution for deception of the Authorities and cancelation of any potential approval of the application.

Father/Guardian Signature	_____	Mother/Guardian Signature	_____
Father/Guardian ID No (**):	_____	Mother/Guardian ID No (**):	_____

(**) or Passport No (Attach evidence, E8)

Date: _____

I hereby declare that the information provided is true and correct.

E. Submission of documents – evidence

1. Birth certificate **and** ID or Passport of the student.
2. Any court order regarding guardianship.
3. Recent EAC **and** Water Supply Board bills in the applicant's name.
4. Leaving Certificate or Certificate of school year 2022-2023 or Certificate-confirmation of current school year 2023-2024.
5. Course selection form for enrolment/transfer of Lyceum students (Form TYPE A or TYPE B, accordingly).
6. In case that the student receives any form of support or other facilities, you must definitely mention this in point D, providing a copy of the relevant letter from the E.E.E.A.E. or other document.
7. In case of moving or changing residence a purchase or rental document must be attached, duly stamped and signed, with the identity number and telephone number of the seller / owner of the house and of the buyers / tenants, as the case may be.
8. Identity card or passport of father and mother.
9. In case of a foreign student, please attach Alien Registration Certificate (ARC).

NOTES:

1. False statements will lead to prosecution for deception of the Authorities and cancelation of any potential approval of the application.
2. Applications that are not accompanied by all necessary documents/evidence will not be accepted.
3. In case where the application is not sufficiently documented, the District Office has the right to ask the applicant to submit any other relevant document.
4. Documents in languages other than Greek and English, must be submitted translated and certified by an Official Authority of the Republic of Cyprus.

FOR OFFICIAL USE

F. Inspector’s suggestion/comments:

Approved / Not Approved

Signature: _____

Date: _____

CONTACT DETAILS OF SECONDARY EDUCATION DISTRICT OFFICES

Lefkosia District Education Office

Kimonos and Thoukydidou Corner

1434 Lefkosia

Telephone: 22806315, 22806343, 22800701**Fax:** 22 305507**Email:** dme-engrafes-lef@schools.ac.cy**Lemesos District Education Office**

126, Franglinou Rousvelt,

Kirzis Building, 5th Floor

3011, Lemesos

Telephone: 25820883, 25820882**Fax:** 25305622**Email:** dme-eparchiako-lem@schools.ac.cy**Larnaka/Ammochostos District Education Office**

45 Elefthefias Avenue

Akinita Oikonomou, 1st floor

7102 Aradippou

Telephone: 24821358**Fax:** 24813277**Email:** dme-eparchiako-laramm@schools.ac.cy**Pafos District Education Office**

Neofytou Nikolaidi,

New District Government Offices

T.Θ. 6077, 8100 Pafos

Telephone: 26804516**Fax:** 26911453**Email:** dme-eparchiako-paf@schools.ac.cy