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|  | **SCHOOL**  **SCHOOL YEAR** | | |
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School's Seal

*Recent Photograph*

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| **ΑΤΟΜΙΚΟ ΔΕΛΤΙΟ - ΑΓΓΛΙΚΑ**  **STUDENT INDIVIDUAL RECORD** | | | |
| **A. STUDENT'S PERSONAL DATA:** | | | |
| **Student's Registration No .: ………. …………. ………….**  **(To be completed by the Registration Officer)** | | | |
| **Last Name:** ………………………………….………….....………..  **(Greek characters)**  **Last name:** ………………………………………………….....…  **(Latin characters - As shown on the ID card or Passport)** | | **Name:** ……..………….........………………………………………  **(Greek characters)**  **Name:** ……………………………………….........…………..………  **(Latin characters - As shown on the ID card or Passport)** | |
| **Place of Birth: ………………………………………….....**  **(Place of birth)** | | **Date of Birth: ……………........……………….**  **(Date of birth)** | |
| **1. ID Card no (ID Card No.): ……………………………………………………………………………………………………**  **2. Passport No (for foreign nationals)** **Passport No. (for foreign citizens): .................................. .....**  **3. Number of Applicant for International Protection - Alien's Registration Certificate No. (ARC): .……………………………...…….**  **4. Number of Civil Refugee - Asylum Seeker's No .: ……………………………………………………………………………………**  **5. Year of arrival in Cyprus (in the case of a foreign student): ……………………………… .............**  **Year of arrival in Cyprus (in the case of a foreign student)** | | | |
| **Religion: ………………………… ..... ………** | | **Citizenship: ……………… ... ………… ... ……** | |
| **Native language/s - Mother tongue/s:. …………………………………. ……………………………………………….** | | | |
| **Residence Address:…………..................................................................................…..…………………………………**  **.................................................................................................................................................................................................................**  **P.C. Postal Code): ........................ Δήμος / Κοινότητα (Municipality / Community): ......................................... ........** | | | |
| **Tel. house - Home phone no. : ………… ...... …………** | | **Register Mobile Phone student**  **Student's mobile phone: .. …………………………** | |
| **B. Details of Parents / Guardians - Parent's / Guardian's Details** | | | |
|  | **Father / Guardian**  **Father / Guardian**  **delete if not applicable - delete if not applicable** | | **Mother / Guardian**  **Mother / Guardian**  **delete if not applicable - delete if not applicable** |
| Last name - Last name |  | |  |
| First name |  | |  |
| Country of origin  Country of origin |  | |  |
| Community / City of Origin  Community / City of Origin |  | |  |
| Spoken languages  Communication Language |  | |  |
| Displaced (YES / NO) If yes, state where (Community / City) and refugee ID number. Refugee (YES / NO). From where - Refugee id no. |  | |  |

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|  | | | **Father / Guardian**  **Father / Guardian**  **delete if not applicable - delete if not applicable** | | | | **Mother / Guardian**  **Mother / Guardian**  **delete if not applicable - delete if not applicable** | | | |
| Occupation - Occupation | | |  | | | |  | | | |
| Permanent Residence Address  Permanent Residence Address | | |  | | | |  | | | |
| Email Address  email address | | |  | | | |  | | | |
| Business Address  Job Address | | |  | | | |  | | | |
|  | | | **Father / guardian contact telephones**  **Father's / guardian's phone numbers** | | | | **Mother / guardian contact telephones**  **Mother's / guardian's phone numbers** | | | |
| 1. Home - Home | | |  | | | |  | | | |
| 2. Mobile | | |  | | | |  | | | |
| 3. Labor - At Job | | |  | | | |  | | | |
| 15­24 25­39 40­54 55 and over  Nivel De Instrucción  **delete if not applicable - delete if not applicable** | | | Primary / Secondary / Higher Education  Primary / Secondary / Higher Education | | | | Primary / Secondary / Higher Education  Primary / Secondary / Higher Education | | | |
| **C. Marital Status - Marital status** | | | | | | | | | | |
| **C1.** | | | | | | | | | | |
|  | | He lives with his family  Lives with the family | | He does not live with his family  Does not live with the family | | | | Died:  Died | | |
| **Father**  **Father** | | □ | | □ | | | | □ | | |
| **Mother**  **Mother** | | □ | | □ | | | | □ | | |
| Number of children in**the family**(Including the student)  Number of children in the family **(Including student): ……………………………………………….** | | | | | | | | | | |
| **Details of children in the family living in the same house as the student:**  Family children living in the same house as the student: | | | | | | | | | | |
| **s/n** | **Name - Full name** | | | **Year of birth**  **Year of birth** | | **Qualification (minor, soldier, student)**  **Attribute (minor, soldier, University student)** | | | | |
| **1** |  | | |  | |  | | | | |
| **2** |  | | |  | |  | | | | |
| **3** |  | | |  | |  | | | | |
| **4** |  | | |  | |  | | | | |
| **5** |  | | |  | |  | | | | |
| **6** |  | | |  | |  | | | | |
| **C2.** | In case the parental responsibility of the child is exercised **exclusively** by one of the two parents, please state his / her name - If the child parental responsibility is exercised exclusively by one of the two parents, please state his / her name:  .……….…………………………….................………………………………………………………………………………………………….……  **(Attach a decree of competent court - Attach a decree of competent court)** | | | | | | | | | |
| **C3.** | In the case of divorced or divorced parents, state the name of the parent responsible for the day-to-day custody, care and custody of the child - In the case of separated or divorced parents, state the name of the parent who is responsible for the daily care of the child:  …………………….………………………………………………………………………………………………………………………………………..  **(Attach a decree of competent court - Attach a decree of competent court)** | | | | | | | | | |
| **C4.** | In case the guardian is other than the parents, please fill in - In the case where the guardian is other than the parents, please fill in:  Name - Full name  Attribute (eg Social Worker, Foster, etc.) - Attribute (eg Social Worker, Foster Family, Guardian etc): ……………………………………………… .... ……………………………………………………………………  Contact Phone - Contact Phone: Contact  **(Please bring us an attached document)** | | | | | | | | | |
| **D.**  Provide the details of the person / persons for immediate communication, in case of emergency and it is not possible to communicate with any of the parents / guardians - Person's contact details in case of emergency and if the communication with either parent / guardian, is not possible. | | | | | | | | | | |
| **Name** | | | | | **Phone Phone** | **Relationship / kinship with a student**  **Relationship / Relative of the student** | | | | |
| **1.** | | | | |  |  | | | | |
| **2.** | | | | |  |  | | | | |
| **E. General Questions (Note with √ where applicable):** | | | | | | | | | **YES**  **YES** | **NO**  **NO** |
| **1. Health Issues**  A. Does the student have a health problem (surgery, allergies, medication, serious / chronic illness or any form of disability)? If yes, please clarify - Does the student face a health problem (surgery, allergies, medication, serious / chronic illness or any form of disability)? If yes, please specify:  ………………………………………………………....……………………………………………………………………………….  B. Further actions to be taken in case of a problem - Further actions to be taken in the event of a problem:  …………………………………………………………………………………….……….............….....................………………..  C. Is the student monitored by other health support services (including mental health)? If yes, indicate which ones - Is the student attended by other supportive health services (including mental health)? If so, please indicate which:: …………………… .. | | | | | | | | | □  □ | □  □ |
| **2. Aids - Aids**  A. Is the family a recipient of Government Benefits / Benefits?  If yes, name the type of allowance (eg child allowance, disability, etc.) - Does the family receive allowances from State Services? If so, please name the type of allowance (eg child benefit, disability etc.)  ................................................................................................................................................................................................ | | | | | | | | | □ | □ |
| B. The family is the recipient of the Minimum Guaranteed Income - Is the family recipient of the Minimum Guaranteed Income ?? | | | | | | | | | □ | □ |
| C. The family is a recipient of Public Assistance from Social Welfare Services The Is the Family is a recipient of public assistance from the Social Welfare Services? | | | | | | | | | □ | □ |
| **(Attach the relevant attestations)** | | | | | | | | |  |  |
| **3. Special Education - Special Education**  Has the student been approved by the District Special Education Committee for facilities / exemptions and / or support? - Has the student been approved by the Provincial Special Education and Training Committee for facilities / exemptions and / or support?  **( Attachthe relevant assertions.)** | | | | | | | | | □ | □ |
| **4. Other**  Does the family face any other difficulties or problems?  If you wish, you can refer here briefly - Does the family experience any other difficulties or problems? If you wish, you can refer here briefly:  ................................................................................................................................................................................................. | | | | | | | | | □ | □ |

**The above items will be managed by the school, in accordance with the provisions of the applicable Personal Data Protection Law - The above items will be managed by the school in accordance with the provisions of the Law providing for the Processing of Personal Data .**

……………………………………………………… …………………………………………………………….

Signature of Father / Guardian Signature of Mother / Guardian

Father's / Guardian's signature Mother's / Guardian's signature

**First Registration**

**ClassSchool Year 20**......... **- 20**.........

School of Origin: …………………………… .................... ………………………………………… …………………………………………… ..

Promoted / Ranked / Stationary ................ ......................................... ...... Year Degree …………………………………………………

If it transfers lessons, please specify (applies only to High School students): …………………………………… ..................

Other comments

Register Attestation of Payment CL 273B: ………………………………………………………………………………… ............... .. ……………………….

Stationary Re-registration: □ School Year: 20 ......... - 20 .........

Parent / Guardian Signature Date Signature of registrar

…………………………………………… …………………… …………………………………………………..

**Second Registration**

**Class: ……………**  **School Year 20**......... **- 20**.........

School of Origin: …………………………… .................... ………………………………………… …………………………………………… ..

Promoted / Ranked / Stationary ................ ......................................... ...... Year Degree …………………………………………………

If it transfers lessons, please specify (applies only to High School students): …………………………………… ..................

Other comments

Register Attestation of Payment CL 273B: ………………………………………………………………………………… ............... .. ……………………….

Stationary Re-registration: □ School Year: 20 ......... - 20 .........

Parent / Guardian Signature Date Signature of registrar

…………………………………………… …………………… …………………………………………………..

**Third Registration**

**Class: …………… School Year 20**......... **- 20**.........

School of Origin: …………………………… .................... ………………………………………… …………………………………………… ..

Promoted / Ranked / Stationary ................ ......................................... ...... Year Degree …………………………………………………

If it transfers lessons, please specify (applies only to High School students): …………………………………… ..................

Other comments

Register Attestation of Payment CL 273B: ………………………………………………………………………………… ............... .. ……………………….

Stationary Re-registration: □ School Year: 20 ......... - 20 .........

Parent / Guardian Signature Date Signature of registrar

…………………………………………… …………………… …………………………………………………..