ΥΠΑΝ ΔΔΕ ΠΟΣ 02 │MESY DPE OADS 02

*[Coat of Arms of the Republic of Cyprus]*

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| REPUBLIC OF CYPRUS  **MINISTRY OF EDUCATION**  **SPORT AND YOUTH** | **DEPARTMENT**  **OF PRIMARY EDUCATION**  **OPTIONAL ALL-DAY SCHOOL** |

**APPROVAL OF PARTICIPATION IN THE OPTIONAL ALL-DAY SCHOOL**

**FOR THE SCHOOL YEAR**

(School Name)

We hereby inform you that the application of your child,

(child's full name)

who attends Grade/Class has been approved for enrolment in the afternoon programme of our school (OADS).

Date:

**SOLEMN DECLARATION**

**I hereby agree that:**

* Attendance will be **compulsory** for all five days of the week.
* The check-out time of my child will be (put a tick (✓) in one of the two options):
* at 15:05 🞏
* at 16:00 🞏
* I will not ask for exceptions neither for partial attendance at the Optional All-Day School (OADS) nor for early check-out, due to any extracurricular activities.
* My child's participation in the school meal programme, implemented under the responsibility of the Parents'/Guardians' Association of the school, is **compulsory**, **and the catering costs are borne by me as a parent/guardian.** This document **is binding on me with regard to my financial obligations to the Parents'/Guardians' Association of the school**,which correspond to the feeding of my child. Catering costs will be prepaid within the first week of each month. Failure to pay this amount implies **the interruption of my child's attendance** at the OADS.
* In case I claim a subsidy, I have been informed and already submitted the relevant supporting documents/certificates. I will have to pay the balance of catering costs, in consultation with the Parents'/Guardians' Association of the school. **Until my request for a subsidy is approved, I will have to pay my fair share per month.**
* Regarding **lunch,** it is noted that the transfer of food **from** home **is prohibited,** both to avoid the risk of spoilage and to promote healthy habits.
* If my child has difficulty in adapting to the OADS programme (either due to fatigue or other personal issues), I declare that, as a parent/guardian, I will work closely with both morning and afternoon teachers to address such issues.

Full name of parent/guardian:

Phone Number:

Date:

Signature:

**This statement is considered binding on me.**

**Note: This form should be returned to the school for validation.**