

Educational Activities  
Registration Form

Registration Date			
Name			
Surname			
Date of Birth/Age		Gender	
Country of Origin			
Status			
Date of Entry to the Country (Greece)			
Years of School in Country of Origin			
Mother Tongue			
Greek (put in circle)	Basic	Intermediate	Excellent
English (put in circle)	Basic	Intermediate	Excellent
Other Languages			
Address (Name of hostel, facility etc)			
Contact person (parent, guardian or accommodation facility representative)			
email			
Telephone Number			
<b>Συμπληρώνεται από τον καθηγητή/δάσκαλο</b>			
Ημερομηνία Έναρξης Μαθημάτων			
Ημερομηνία Αποχώρησης από μαθήματα			
Λόγοι Αποχώρησης/ Σχόλια			

**\*\*\* Please fill in your details in latin characters**