

Serial Number:.....

Registration form

Date of registration			
Name and Surname			
Unaccompanied minor	YES	NO	
Parents' full name			
Person of reference (parent or guardian or supervisor of accommodation facility)			
Date of Birth		GENDER	
Contact number/WhatsApp			
Email address			
Country of Origin/Mother tongue			
Legal status (e.g. asylum seeker, recognised refugee, residence permit etc.)			
DIKA number			
Date of entry in the country (Greece)			
Years of study-formal education in	COUNTRY OF ORIGIN: GREECE: Date of registration:		

Participation in other activities	
Knowledge of foreign languages	
Diagnostic test	YES NO
I am interested in:	
Greek	A0 A1 A2 B1 B2
English	A0 A1 A2 B1 B2
German	A0 A1 A2 B1 B2
STEM	YES NO
Remedial teaching	
Persons with disabilities	
Serious health problems/allergies	
On medication (Yes, No, what kind)	
Place of residence - Address (name of accommodation facility, camp, apartment, homelessness, night shelter)	