

## Registration Form

<b>Registration Date</b>	
<b>Surname</b>	
<b>Name</b>	
<b>Gender</b>	
<b>Date of Birth</b>	
<b>Country of Origin</b>	
<b>Monther Tongue</b>	
<b>Legal Status (asylum seeker, recognised refugee etc)</b>	
<b>Unaccompanied Minor</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Full name of parent/s</b>	
<b>Full name of person of reference and organisation</b>	
<b>Student's phone number</b>	
<b>Parent's/Person's of reference phone number</b>	
<b>Student's email</b>	
<b>Organisation's email</b>	
<b>Accommodation</b>	<input type="checkbox"/> Shelter: _____ <input type="checkbox"/> Camp: _____ <input type="checkbox"/> SIL: _____ <input type="checkbox"/> Privately owned apartment <input type="checkbox"/> Homeless: <input type="checkbox"/> Other: _____
<b>Address</b>	

<b>Duration of time in Greece</b>	<input type="checkbox"/> 0-6 months <input type="checkbox"/> 7-12 months <input type="checkbox"/> 1-2 years <input type="checkbox"/> 3+ years <input type="checkbox"/> Born in Greece					
<b>Years of study-formal education in Country of Origin</b>	<input type="checkbox"/> 0 years <input type="checkbox"/> 1-2 years <input type="checkbox"/> 3-5 years <input type="checkbox"/> 6+ years					
<b>Registered in Formal Education in Greece</b>	<input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>					
<b>If yes, registration date:</b>	(DD/MM/YYYY)					
<b>Individual with special needs</b>	<input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>					
<b>Health issues/Special Educational Needs</b>						
<b>Medication</b>						
<b>Participation in other activities</b>						
<b>Knowledge of foreign languages</b>						
<b>Case/Folder/Passport No</b>						
<b>AMKA/PAMKA/PAYYPA</b>						
<b>Placement Test</b>	<input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>					
<b>Interested in:</b>						
<b>Greek</b>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">A0</td> <td style="width: 15%;">A1</td> <td style="width: 15%;">A2</td> <td style="width: 15%;">B1</td> <td style="width: 15%;">B2</td> </tr> </table>	A0	A1	A2	B1	B2
A0	A1	A2	B1	B2		
<b>English</b>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">A0</td> <td style="width: 15%;">A1</td> <td style="width: 15%;">A2</td> <td style="width: 15%;">B1</td> <td style="width: 15%;">B2</td> </tr> </table>	A0	A1	A2	B1	B2
A0	A1	A2	B1	B2		
<b>German</b>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">A0</td> <td style="width: 15%;">A1</td> <td style="width: 15%;">A2</td> <td style="width: 15%;">B1</td> <td style="width: 15%;">B2</td> </tr> </table>	A0	A1	A2	B1	B2
A0	A1	A2	B1	B2		
<b>STEM</b>	<input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>					
<b>Homework</b>						
I have read and agreed to the terms and conditions <a href="#">Policy for personal data protection</a>	<input type="checkbox"/> <b>Yes</b>					