



Student's Details: *as on official identification documents

SURNAME:*	FIRST NAME(s):*
GENDER: MALE/FEMALE:	DATE OF BIRTH: day _____ month _____ year _____
HOME ADDRESS: (please include postcode)	PREVIOUS SCHOOL: _____ COUNTRY: _____ IN YEAR/GRADE: _____
NATIONALITY/IES:	HOME TELEPHONE:
PLACE OF BIRTH:	PASSPORT NUMBER:
MOTHER TONGUE:	OTHER LANGUAGES SPOKEN:
Who is the child's legal guardian? BOTH <input type="checkbox"/> FATHER <input type="checkbox"/> MOTHER <input type="checkbox"/> OTHER <input type="checkbox"/> : _____	

Family Details:	FATHER or other LEGAL GUARDIAN	MOTHER or other LEGAL GUARDIAN
Surname*		
First Name*		
Nationality/ies		
Home Address (if different)		
e-mail address:		
Home Tel: (if different)		
Work Tel No.		
Mobile Tel No.		
Passport/ID:		
Tax Number (TIN): AFM & TAX OFFICE		
Occupation/ Job Title:		
Employer		
Local Emergency contact Person (other than parents)	Full name*: Relationship:	Mobile: Email:

Does your child need English as an Additional Language (EAL) support? Yes / No	Does your child have any Special Educational Needs (SEN) ? Yes / No
May we use your child's photograph in the school prospectus and other printed publications that we produce for promotional purposes? Yes / No	May we use your child's photograph on social media e.g. Our school website, Instagram, Facebook, YouTube? Yes / No

By registering a student at Byron College, parents/guardians have read and agree to all the school's policies, including GDPR. <https://www.byroncollege.gr/about-us/policies> and are aware of the [International School Year/Grade Comparisons](#).

"I hereby declare that I have read and agree with the school's operating policies which I have read from the school website."

SIGNATURE OF PARENT OR GUARDIAN: _____ DATE: _____

Enrolment Date: _____ in Year Group: _____ for the Academic Year: _____