



To: District Education Office

APPLICATION FOR TRANSFER TO A PRIMARY SCHOOL OR A PRE-PRIMARY SCHOOL (COMPULSORY PRE-PRIMARY EDUCATION AND PRE-PRIMARY CLASS) IN ANOTHER AREA

PART A - Please complete ALL data below:

1. Child's name and surname:
2. Date of birth:/...../..... Place of birth:
3. Home address: Postal code:
Area: Telephone No. (home):
4. Father's full name: Telephone No. (mobile):
Email:
Father's occupation: Telephone No. (work):
Father's place of work:
5. Mother's full name: Telephone No. (mobile):
Email:
Mother's occupation: Telephone No. (work):
Mother's place of work:
6. Child with Special Needs: YES NO If YES, please complete:
 - a) Approved by the District Special Education Committee (DSEC) for providing:
Special Education Speech Therapy Care Assistant
 - b) Under examination by the DSEC: YES NO
 - c) Diagnosed but who has not been referred to the DSEC

(Please attach the relevant documents.)

PART B - In case Greek is NOT the child's mother tongue, please complete the following:

7. Child's knowledge of the Greek language: Very good Good Fair Poor
8. Passport number: *(Please attach certified copy.)*
9. Country of origin:

PART C - In case you are requesting your child's transfer for the current school year, please complete the following:

10. School and Class **which the child is currently (school year)** attending:
Primary School/Pre-Primary School: Class:
11. School and Class **we would like our child to attend during the current school year:**
Primary School/Pre-Primary School: Class:

PART D - In case you are requesting your child's transfer for the new school year, please complete the following:

12. School and Class **which the child should attend** according to the predetermined educational areas:
Primary School/Pre-Primary School: Class:
13. School and Class **we would like our child to attend during the new school year**
Primary School/Pre-Primary School: Class:

PART E - Please complete the reasons for which you require the transfer:

(Please provide any evidence you may have that prove the reasons mentioned.)

14.
.....

PART F - In case the parents are divorced or separated, please circle (a) or (b) or (c) and complete/ underline what applies to your case:

(a) Parental care is exercised jointly by both parents while the custody and care of the child has been assigned to the **father / mother** (underline as necessary). **The child's attendance to a particular school is not determined by a Court Order.**

Father's signature indicating agreement with this application:

Mother's signature indicating agreement with this application:

(Signature of both parents is required.)

(b) Parental care is exercised jointly by both parents while the custody and care of the child has been assigned to the **father / mother** (underline as necessary). **The child's attendance to a particular school has been decided by the family court (please attach the relevant Court Order).**

(c) Parental care of the child has been exclusively assigned to the **father / mother / other person** (underline as necessary and attach the relevant Court Order).

WARNING: False statements will lead to prosecution for deception of the Authorities and cancelation of any potential approval of the application.

NOTE: Pupils, who are approved to attend a school that is not in their educational area, are not eligible for free transportation.

<p>Name and surname of parent/guardian who completed the application:</p> <p>Date:/...../..... Signature:</p>

FOR OFFICIAL USE

Inspector's suggestions/comments:

.....

Date: Signature:

Chief Education Officer's decision:

.....

Date: Signature:

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