

**MINISTRY OF EDUCATION & RELIGIOUS AFFAIRS  
REGIONAL ADMINISTRATION OF PRIMIRY AND SECONDARY EDUCATION  
OF CRETE  
HERAKLION, CRETE**

*School of  
European Education  
(S.E.E.)*



Completed by the administration:

Registry Number: .....

Reference Number: .....

Class: ..... Section: .....

**Enrollment Form S.E.E. - «School of European Education»**

I, the undersigned: ..... in my

capacity as: Father  Mother  Guardian

I request that the Director of SEE, enrolls :

Surname : .....

First name: .....

Date of Birth: ..... Place of Birth and Country: .....

Sex: Male  Female

Mother Language: ..... Nationality: .....

Child of ENISA employee: Yes  No

Parent or Guardian Name: .....

Child Address : .....

City – Postal Code : .....

Home Telephone Number: .....

Mobile Phone : .....

Father's Occupation : .....

Employer : .....

Occupation phone : .....

Mother's Occupation : .....

Employer : .....

Occupation phone : .....

Emergency Phone : .....

Child lives with : both parents  father  mother

Child has Liability Insurance : Yes  No

Child has been vaccinated against :

Diphtheria  Measles

Whooping cough  Polio

Tetanus  Tuberculosis

Any particular Medical problems: Yes  No

If Yes please explain in detail: .....

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.....

Needs parallel support and special education: Yes  No

If Yes please explain in detail: .....

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.....

Doctor's Name: ..... Telephone: .....

Languages:

Language	Years of practice	Level of mastering
English		
French		
German		
Greek		
Italian		
Other (s) :		

Education up to now:

School Year	School	Class
20.... - 20.....		
20.... - 20.....		
20.... - 20.....		
20.... - 20.....		

Child has obtained sufficient marks at his country of origin to be promoted to the next year:

Yes

No

Heraklion, .....

Signature

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