

**APPLICATION FOR THE ADMISSION**  
**TO GREEK PRESCHOOL OF LONDON**  
**SCHOOL YEAR 2025-2026**

Photo of the student  
(required)

**TO: THE GREEK PRESCHOOL OF LONDON**

date:

no. Protocol.: \_\_\_\_\_  
(Completed by the PRESCHOOL)

**1. Parents details**

<b>Forename and Surname of the father (in Greek)</b>	
<b>Forename and Surname of the father (in Latin)</b>	
<b>Forename and Surname of the mother (in Greek)</b>	
<b>Forename and Surname of the mother (in Latin)</b>	
<b>Father's e-mail address</b>	
<b>Mother's e-mail address</b>	
<b>Father's telephone number</b>	
<b>Mother's telephone number</b>	
<b>Residential Address of the father- POST CODE</b>	
<b>Residential Address of the mother -POST CODE – (to be completed if different)</b>	
<b>Profession of the father</b>	
<b>Profession of the mother</b>	

**2. STUDENT'S DETAILS**

Forename	
Surname	
Date of birth	

Place of birth	
Nationality	
Residential address	Address
	POST CODE.:

### 3. SCHOOL DEPARTMENT

RECEPTION	
YEAR 1	

### 4. SIBLINGS AT THE SAME PRESCHOOL OR GREEK PRIMARY SCHOOL OF LONDON

*(Completed in case there are siblings)*

Forename and Surname of the child:		School attending:	
Forename and Surname of the child:		School attending:	

### 5. SPECIAL EDUCATIONAL NEEDS OF THE STUDENT

YES		NO	
Official government document:			

### 6. PERSON RESPONSIBLE FOR RECEIVING AND ACCOMPANYING THE STUDENT

My child will be picked up and accompanied by:

Forename and surname			
Relationship to the family			
Telephone number			
Number of Passport/ Identity card			
Attached Identification Document	YES		
	NO		

## 6. MORNING SESSION (8:45 – 9:30)

I declare that I wish the child's participation in the program of Morning Session.

YES	
NO	

## 7. AFTERNOON SESSION (14:00 – 17:00)

I declare that I wish the child's participation in the program of the afternoon session.

YES	
NO	

## 8. PHOTO-SHOOTING

- I declare that I wish the child's participation in photo-shooting or video recording of educational activities by teachers, exclusively for my information. (Complete also the declaration for the photos)

YES	
NO	

- I declare that I wish the child's participation in photo-shooting or video recording of educational activities by teachers, for promotional use of the school (Complete also the declaration for the photos)

YES	
NO	

## 8. ATTACHED DOCUMENTS

(Add ✓ next to the attached documents)

1. FULLY COMPLETED APPLICATION OF REGISTRATION FORM		
2. BIRTH CERTIFICATE	2a. Copy of the original document	
	2b. Copy of the translated document (if is in other language than Greek)	

3. RED BOOK	COPY of the vaccinations	
4. School Entry Review in Reception Class	<i>(Completed by the G.P. or other)</i>	
5. PROOF OF ADDRESS	<i>(Details of the document)</i>	
6. PROOF OF IDENTITY OF THE 1 <sup>ST</sup> PARENT	<i>(COPY of original – identify )</i>	
7. PROOF OF IDENTITY OF THE 2 <sup>ND</sup> PARENT	<i>(COPY of the original – identify)</i>	
8. PROOF OF IDENTITY OF OTHER GUADIAN	<i>(COPY of the original -identify)</i>	
9. PHOTO-SHOOTING FORM	<i>(Signature of the 1<sup>st</sup> parent)</i>	
	<i>(Signature of the 2<sup>nd</sup> parent)</i>	

LONDON:

DATE: \_\_\_\_\_

PARENT/ GUARDIAN

FORENAME/SURNAME

SIGNATURE