



ATHENS COLLEGE
Hellenic-American Educational Foundation
Kindergarten • Elementary • Junior High • High • I.B.
ATHENS COLLEGE • PSYCHICO COLLEGE • KINDERGARTEN J. M. CARRAS

STUDENT ADMISSIONS OFFICE

15 STEPHANOU DELTA ST., PSYCHICO 15452 TEL. 210-6798138 FAX: 210-6724897

adm_off@athenscollege.edu.gr / akoutiva@athenscollege.edu.gr

STUDENT ADMISSIONS APPLICATION FORM

Date of application Entering grade level Acad. year

Surname of candidate..... Given Name of candidate

Place of birth..... Date of birth Nationality

Gender: Male ☐ Female ☐ Home address (street/number):.....

City..... Postal code..... Home tel.

a) Details of candidate's father

Surname/given name

Home address (do not complete if the same as the candidate's): Street

.....numberpostal codecity/prefecture..... home tel.....

Occupation.....

Work addresspostal code. city.....

mobile number contact email

b) Details of candidate's mother

Surname/given name

Home address (do not complete if the same as the candidate's): Street

.....numberpostal codecity/prefecture..... home tel.....

Occupation.....

Work addresspostal code. city.....

mobile number contact email

c) Family status

Parents are married/live together: Yes ☐ No ☐ Parents are separated: Yes ☐ No ☐

Parents are divorced: Yes ☐ No ☐

If divorced, parent who has custody: father ☐ mother ☐ joint ☐

d) In the event of **third party guardianship**, please provide full name, address and telephone number:

.....

e) Affiliation with Hellenic-American Educational Foundation:

Is candidate's parent a College (A.C. -P.C.) alumnus/a? ☐ Grad. Year: father. mother

Does candidate have a sibling who is a current student? ☐ School grade

Full name

Is candidate's parent employed at the College? ☐

Is candidate the child of a former College student? ☐

.....

f) Declarations to HAEF

Data's accuracy and update: I, the undersigned, hereby declare that the information provided in this application form regarding the applicant, the candidate and the other parent is accurate. In the event of any change, I will notify HAEF accordingly (*Student Admissions Office, tel. 210.6798138, email adm_off@athenscollege.edu.gr*)

Information regarding the processing of personal data: I hereby declare that I was informed by HAEF about the processing of personal data relating to me personally, to my minor child, and to the child's other parent on whose behalf I act by explicit authorization (which I shall present if so requested by HAEF) and bear full responsibility for information provided on their behalf. In particular, I have been informed and agree to the retention of the data, that I have provided on this form, in the Student Admissions Office archives and in the electronic archive system for prospective students, to their processing for HAEF's communication regarding admission processes and to the retention of the data until the completion of the admissions procedures. Furthermore, I agree to the retention of data contained herein in the event that the candidate is accepted for admission in one of HAEF's schools (at which time I will resubmit the required data, whereas the legal basis for data processing will be my contractual relationship with HAEF and compliance with HAEF's legal obligations) or because of my consent to future communication (see below).

☐ I was informed about the processing of personal data that I have declared herein (*HAEF's Privacy Policy is posted on HAEF's website and a copy is available in the Student Admissions Office*) **Special Categories of Personal Data:** Regarding special categories of personal data that I have declared herein (candidate's nationality) and other special categories of personal data (e.g. health data) that I may be required to declare or disclose during the examination process of the HAEF's Student Admissions Application Form submitted, I hereby give my consent to HAEF to process this personal data in order to complete the Admissions Application procedures.

I CONSENT ☐

I DO NOT CONSENT ☐

Date of application submission.....Signature.....

Name of applicant (printed)

TO BE COMPLETED BY THE STUDENT ADMISSIONS OFFICE	
Date of receipt of application	Record no.