



**CONTACT INFORMATION FOR THE REGISTRATION OF NEW STUDENTS**

Full name of applicant \_\_\_\_\_

Grade he/she will attend \_\_\_\_\_

Date of birth \_\_\_\_\_

School of origin \_\_\_\_\_

Full name of Parent/Guardian \_\_\_\_\_

Telephone number \_\_\_\_\_

Home address \_\_\_\_\_

City \_\_\_\_\_ Zip code \_\_\_\_\_

E-mail address \_\_\_\_\_

*We declare that we give our consent to GEITONAS SCHOOL to process our child's personal data and ours in compliance with the EE 2016/679 GDP Regulation regarding the protection of personal data of individuals. This policy can be found in our school site.*

Yes

No

Date: .....

Parent/Guardian Signature: .....

*Our bus schedule is based on bus routes of the previous academic year.*

*Morning:*

*Noon:*

*Afternoon:*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_