



REPUBLIC OF CYPRUS

MINISTRY OF EDUCATION AND CULTURE

DEPARTMENT OF PRIMARY EDUCATION

To: ..... District Education Office

**APPLICATION FOR TRANSFER TO A PRIMARY SCHOOL OR A PRE-PRIMARY SCHOOL (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): .....  
Father's occupation: ..... Telephone No. (work): .....  
Father's place of work: .....
5. Mother's full name: ..... Telephone No. (mobile): .....  
Mother's occupation: ..... Telephone No. (work): .....  
Mother's place of work: .....
6. Child with Special Needs: 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  } *(Please attach the relevant documents.)*  
c) Diagnosed but who has not been referred to the DSEC.

**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 has been jointly assigned to 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 has been jointly assigned to 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, custody and care (full guardianship) of the child have been assigned to the **father / mother** (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 school bus transportation.

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

**FOR OFFICIAL USE**

**Inspector's suggestions/comments:** .....

.....

Date: ..... Signature: .....

**Chief Education Officer's decision:** .....

.....

Date: ..... Signature: .....

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