

## STUDENT ENROLLMENT INFORMATION

### SECTION I

Επώνυμο (Last Name):

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Όνομα (First Name):

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Ηλικία (Age):

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Φύλο (Gender):

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Διεύθυνση Κατοικίας (Home Address)

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Οδός (Street):

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Αριθμός (Number):

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Πόλη (City):

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Κωδικός (Zip code):

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Τηλέφωνο Οικίας (Home telephone):

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Κινητό Τηλέφωνο (Cell phone):

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E-mail:

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Name of legal guardian	Signature

Date:	
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## SECTION II

Please fill in the following questionnaire **with your child**:

Is there any person in your family who speaks the Greek language?			
Do you speak any foreign language other than English?			
What is your preferred language when you speak with your family?			
What is the reason you want to learn the Greek language?			
You speak Greek.... (mark with an "X")	Never	Rarely	Often
with your parents			
with your family			
with your friends			
when you visit Greece			