

**DDE 33**

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| REPUBLIC OF CYPRUS  **MINISTRY OF EDUCATION, CULTURE**  **SPORT AND YOUTH** |  | **DEPARTMENT**  **OF PRIMARY EDUCATION** |

To: …………………………….... District Education Office

APPLICATION FOR TRANSFER TO A PRIMARY SCHOOL OR A PRE-PRIMARY SCHOOL (COMPULSORY PRE-PRIMARY EDUCATION AND 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): ……...….......…

1. Father’s full name: ......…................................................................ Telephone No. (mobile): ………..…...…

Εmail: …………………………….………………………………………………………………………..…………..

Father’s occupation: ...................................................................... Telephone No. (work): .........................

Father’s place of work: ..................................................................................................................................

1. Mother’s full name: ......…............................................................... Telephone No. (mobile): ………..…..…

Εmail: …………………………….………………………………………………………………………..…………..

Mother’s occupation: ..................................................................... Telephone No. (work): ..........................

Mother’s place of work: ..................................................................................................................................

1. Child with Special Needs: YES NO If YES, please complete:

*(Please attach the relevant documents.)*

1. Approved by the District Special Education Committee (DSEC) for providing:

Special Education Speech Therapy Care Assistant

b) Under examination by the DSEC: YES NO

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:**

1. Child’s knowledge of the Greek language: Very good Good Fair Poor
2. Passport number: ……..…………………………….……...….……………..….…. *(Please attach certified copy.)*
3. Country of origin: ……………………………………………………………………..………………………………

**PART C - In case you are requesting your child’s transfer for the current school year, please complete the following:**

1. School and Class **which the child is currently (school year ………………………..) attending**:

Primary School/Pre-Primary School: ..….....................…………….................................. Class: …………..

1. 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:**

1. School and Class **which the child should attend** according to the predetermined educational areas:

Primary School/Pre-Primary School: ..….....................…………….................................. Class: …………..

1. School and Class **we would like our child to attend during the new school year** ….…….…….……….:

Primary School/Pre-Primary School: ..…........................…………................................. Class: …………..

**PART Ε - Please complete the reasons for which you require the transfer:**

*(Please provide any evidence you may have that prove the reasons mentioned.)*

1. ……………………………………………………………………………………………………………………….....

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**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 is exercised jointly by 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 is exercised jointly by 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 of the child has been exclusively assigned to the **father** / **mother** / **other person** *(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 transportation.*

**Name and surname of parent/guardian who completed the application:** ………………….………….…….

**Date:** ……./……../………... **Signature:** ……………………………………………..…………….………..

**FOR OFFICIAL USE**

**Inspector’s suggestions/comments:** …………………………………………...…………..………………………...

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………………………………………………………………………………………………………………..………………

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

**Chief Education Officer’s decision:** …………………………………………………..………………….…………...

……………………………………………………………..…………………………………………………………………

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

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| Larnaka-Ammochostos District Education Office 65 Eleftherias Avenue  Akinita Oikonomou, 1st floor 7102 Aradippou Telephone: 24821350  Fax: 24821380  E-mail: [dde-eparchiako-laramm@schools.ac.cy](mailto:dde-eparchiako-laramm@schools.ac.cy) | Pafos District Education Office Neofytou Nikolaidi District Government Offices 8011 Pafos Telephone: 26804512  Fax: 26306139 E-mail: [dde-eparchiako-paf@schools.ac.cy](mailto:dde-eparchiako-paf@schools.ac.cy) |

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