



*FlexiSchool*

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[www.cpsgo.org](http://www.cpsgo.org)

| EDU-CENTRE APPLICATION   |                           |              |
|--|---------------------------|--------------|
| <b>APPLICANT INFORMATION</b>   |                           |              |
| Name/Surname:  |                           |              |
| Date of birth:   | Gender:                   | Nationality: |
| Phone:   | E-mail:                   | Religion:    |
| Residential address:   |                           |              |
| Town:  | Country:                  | ZIP Code:    |
|  |                           |              |
| <b>Application for students:</b> (minimum 5) Please attach completed Student Application for each student)   |                           |              |
| Name/Surname of Student  | Course (Grade 0 – 7 only) | Town         |
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| <b>Financial Information</b>   |                           |              |
| PLEASE NOTE: ANY PAYMENT OF REGISTRATION FEES OR COURSE FEES SHOULD BE MADE DIRECTLY TO OUR BANKING ACCOUNT BY PARENTS. YOU WILL BE PAID AFTER THE FEES HAVE BEEN RECEIVED BY US. YOU MAY, UNDER NO CIRCUMSTANCES, RECEIVE CASH ON OUR BEHALF. |                           |              |
| Your application will be reviewed and parents will be contacted individually before approval, of which you will be notified.   |                           |              |
| <b>SIGNATURES</b>  |                           |              |
| I authorize the verification of the information provided on this form as to my application. I am fully informed and aware of all the stipulations in the agreement with the school and will abide by them without reservation.                 |                           |              |
| Signature of applicant:  | Date:                     |              |
| Name/Surname of applicant:   |                           |              |