



International Baccalaureate Diploma Programme

Photo

APPLICATION FORM

This application form must be completed by the applicant
and submitted with the following documents:

- (a) A copy of candidate's school transcript (Γ' Γυμνασίου, Α' Λυκείου)
- (b) Copies of diplomas/certificates/awards in any other foreign language
- (c) Copies of awards in IT skills, sports or other activities

For office
use only

ΠΛΗΡΕΣ ΟΝΟΜΑΤΕΠΩΝΥΜΟ ΣΤΑ ΕΛΛΗΝΙΚΑ :

Send or submit the application form together with the above documents to:

CGS International Baccalaureate Department

Pallini, Attiki 153 51, Athens Greece

Tel.: 210 6663949-50, Fax : 210 6663949

www.cgs.gr

ibdiploma@cgs.edu.gr

1. APPLICANT'S PERSONAL DETAILS

Surname : _____ First name : _____

Male Female

Date of Birth : ___/___/___

Postal address : _____ (Street), _____ (City), _____ (Code)

Home tel. number : _____ Applicant's email address : _____

Contact information	Tel. number (work)	Tel. number (mobile)	Contact e-mail for communication
Father's			
Mother's			

Nationality 1 : _____ Nationality 2 : _____ Mother language : _____

2. ELEMENTARY / SECONDARY EDUCATION

Schools attended	From (year)	To (year)

Special Educational Needs (e.g. Dyslexia) : _____

Other members of your family, registered students / graduates of CGS : _____

3. LANGUAGE QUALIFICATIONS

Language	Diploma (e.g. CAE, DELF)	Language	Diploma (e.g. CAE, DELF)
ENGLISH		FRENCH	
GERMAN		OTHER	

Preparing for : _____

4. INTENDED LOCATION AND DIRECTION OF STUDIES

- UK USA CANADA EUROPE (please specify) _____
- Engineering / Maths / Computer Social Sciences / Psychology
- Life Sciences / Medicine Economics / Business
- Arts _____ Other _____

5. SIGNATURES

I confirm that the information given on this form is true, complete and accurate.

Applicant's Signature : _____ Date : _____

Parent's Full Name : _____

Parent's Signature : _____