

School Entry Form

FILL IN WITH CAPITAL LETTERS AND LATIN CHARACTERS
ACCORDING TO EL0T AND THE CANDIDATE'S I.D.

Period

Level

School Code

Exam Centre**

**state the exam centre of your choice after asking for the consent of the local Palso association. Your statement is not binding and the exam centre can change according to the potential of PALS0

Name of School Owner.....

School Address..... Area.....

P.C..... Tel/Fax.....

Mobile..... E-mail.....

*Please, put a "P" only in the part(s) that have been **Passed** in past examination(s) and the **REFER ID CODE** from the **last** examination. For the first examination do not check anything

N°	CANDIDATE'S FIRST NAME	CANDIDATE'S SURNAME	FATHER'S INITIAL	SEX M/F	DATE OF BIRTH	ADDRESS	CITY/ AREA	REFER ID CODE *	LISTENING *	READING *	WRITING *	SPEAKING *	FEE €
Total													

I undertake a warrant that the above entries are correct and I fully and unconditionally accept the terms and conditions of participation in the examinations as stated on the website www.palso.gr Date..... Signature of School Owner.....