

# Student Entry Form

ELL: ..... Center Name .....

Address: .....

Phone: ..... Cell:.....

Period: .....

Level: .....

Exam Centre\*\*:  
.....

No.	CANDIDATE'S FIRST NAME	CANDIDATE'S SURNAME	FATHER'S NAME (INITIAL)	GENDER M/F	DATE OF BIRTH	FULL ADDRESS*	FEE €

\*Street name, number, zip code, city/area

\*\*State the code of preference from the list announced on pte.edu.gr but Unicert is to decide upon availability

Fill in with capital letters and latin characters according to ELLOT and the candidate's papers

Please submit your Registration Form to Unicert, 98-100, Akadimias str., Kaniggos Square, Athens, Postal Code 106 77 tel. +30 210 38 01 129 - 30

I undertake a warrant that the above entries are correct

Date .....

Signature of School Owner.....