



PRIMARY SCHOOL KAIMAKLI C´ (KA)

SCHOOL YEAR: 2024-2025

CONFIDENTIAL

INDIVIDUAL PUPIL FORM

Dear parents/guardians,

On the occasion of the beginning of the new school year, the school's management wishes to inform you that in order for the school to correctly complete and update the Official School Records about the details of each child (personal, medical, family, etc.) the completion of the following form is required.

This information is necessary so as to enable the school to provide the best possible education for each child according to his/her particular characteristics. The completed form will be used by the school with the utmost confidentiality and always according to the Processing of Personal Data (Protection of Individuals) Law.

Please complete the following information for each child separately. If you wish to complete an electronic version of the form, you may find it on the website of the Ministry of Education, Sports and Youth's Department of Primary Education: <http://www.moec.gov.cy/dde/en/forms.html> .

A. Pupil's data	
Surname:	Name:
Date of birth:	Place of birth:
Nationality:	Religion:
Personal certificate number (birth certificate) *:	Passport number*:
<i>* Complete, if nationality is Cypriot.</i>	Date of arrival in Cyprus:
	<i>* Complete, if nationality is not Cypriot.</i>
Home address	
Street:	Postal code: Area:

Telephone No. (home):	Telephone No. (mobile):
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Mother* tongue/tongues:

* *Mother tongue is the language to which the child has been exposed from birth or from infancy or the language s/he understands and speaks better.*

Has the pupil been approved by the District Special Education Committee (DSEC) for special education support? YES / NO *

If YES, please specify:

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* *Underline accordingly.*

B. Parents/guardians' data

	Father/Guardian	Mother/Guardian
Surname
Name
Place of Birth
Occupation
Place of work
Permanent residence address	Street: Postal code: Area:	Street: Postal code: Area:
Telephone No. (home)
Telephone No. (work)
Telephone No. (mobile)
Email address

C. Family situation

C.1 Number of children in the family:
(Pupil included.)

C.2 In case the parents are divorced or separated, please circle (a) or (b) or (c) and underline what applies in 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 at a particular school is not determined by a Court Order.**

(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 at a particular school has been decided by the family court (please attach the relevant Court Order).**

(c) Parental care of the child has been assigned exclusively to the **father / mother / other person** (underline as necessary and attach the relevant Court Order).

C.3 In case the guardian is other than the parents, please complete:

Name/Surname:

Title (e.g. social worker, foster parent, etc.):

Telephone number:

(Attach relevant certificate/proof of guardianship.)

D. Data concerning the health of the child.

D.1 Name and telephone number of child's pediatrician (in case of emergency) *:

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* Completion of this information is optional.

D.2 Does the child face a health problem (including taking special medication) or an allergy that the school needs to be aware of for prevention or treatment if necessary? Please specify:

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D.3 Complete, if you wish, any other problems that the child may face and which you did not mention

above: (*Underline as necessary.*)

- **Has he/she got any hearing difficulties? YES/ NO**
- **Has he/she got any vision difficulties? YES/ NO**
- **Does he/she faint or have a tendency to faint? YES/ NO**
- **Does he/she need to visit the toilet often? YES/ NO**
- **Does he/she vomit often? YES/ NO**
- **Does he/she get tired easily (e.g., during play time)? YES/ NO**
- **Does he/she have epileptic episodes? YES/ NO**
- **Does his/her nose bleed? YES/ NO**
- **Does he/she suffer from asthma? YES/ NO**
- **Does he/she suffer from nausea (e.g., on the bus)? YES/ NO**

D.4 Can the child participate in the Physical Education lesson without any problems? YES/ NO *

If NO, please explain why:

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** Underline as necessary.*

(Attach any relevant doctor's certification or relevant medical note.)

E. Other

Complete part E only if you wish. If you do not wish to note anything but there are issues that concern you, you can discuss them personally with the School's Headteacher and/or your child's teacher. Our common goal is the well-being, safety and progress of your child.

(Tick ✓ as necessary.)

	YES	NO
Does the family receive a Public Benefit from the Welfare Office or a Guaranteed Minimum Income Benefit? <i>(If YES, attach relevant certificate.)</i>	<input type="checkbox"/>	<input type="checkbox"/>
Does the family receive any other help from the State? If YES, specify the type of help: <i>(If YES, attach relevant certificate.)</i>	<input type="checkbox"/>	<input type="checkbox"/>
Does the family face any difficulties or problems? Please explain briefly:	<input type="checkbox"/>	<input type="checkbox"/>

Note any other information that may be helpful for the school in order to promote the well-being of your child:

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If the child is not a Christian Orthodox, s/he is entitled, upon your written request to the school's Headteacher, not to participate in the Religious Education lesson. In such a case, during the lesson, the pupil will go to another class and attend the lesson taking place at that time. S/he will then return to his/her class after the end of the Religious Education lesson.

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Signature of Father/Guardian

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Signature of Mother/ Guardian

Date:

THANK YOU FOR YOUR COOPERATION!