

KANGOUROU 2016-2017



Kangourou-Cyprus

THALES Foundation
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Kangourou sans frontières

APPLICATION FORM

A. Level at your school (write 1-12 grade): _____

and tick/check the box below: (double click on the appropriate and choose checked)

Primary School		Secondary School	
<input type="checkbox"/> 1 st grade (Α' Δημοτικού)	<input type="checkbox"/> 4 th grade (Δ' Δημοτικού)	<input type="checkbox"/> 7 th grade (1 ^η Γυμνασίου)	<input type="checkbox"/> 10 th grade (1 ^η Λυκείου)
<input type="checkbox"/> 2 nd grade (Β' Δημοτικού)	<input type="checkbox"/> 5 th grade (Ε' Δημοτικού)	<input type="checkbox"/> 8 th grade (2 ^α Γυμνασίου)	<input type="checkbox"/> 11 th grade (2 ^α Λυκείου)
<input type="checkbox"/> 3 rd grade (Γ' Δημοτικού)	<input type="checkbox"/> 6 th grade (ΣΤ' Δημοτικού)	<input type="checkbox"/> 9 th grade (3 ^η Γυμνασίου)	<input type="checkbox"/> 12 th grade (3 ^η Λυκείου)

B. Choose the tests you wish to participate:

	Competition Dates			Deadline for application	<input checked="" type="checkbox"/>	Fees in €
	3 December 2016	4 February 2017	18 March 2017			
Greek (grades 3-8)	10:00-11:15			20 November 2016	<input type="checkbox"/>	15
English (grades 3-12)		10:00-11:15		24 January 2017	<input type="checkbox"/>	15
French – for non-native speakers (grades 3-10)		11:30-12:45		24 January 2017	<input type="checkbox"/>	15
Mathematics (grades 1-12)			10:00-11:15	27 February 2017	<input type="checkbox"/>	15

Choose the test centre:

Nicosia Limassol Pyla (for Larnaca and Paralimni) Paphos

C. Please complete in the English language using CAPITAL letters.

(Completion and submission of this application allows the organizers to publish the name with award or test centre)

Name of student*: _____
(name) (surname)

Birth date*: ___/___/___ Mobile phone*: _____ Home phone*: _____
(day/month/year)

Full mailing address*: _____

(City/village) Postal code*: _____

Email*: _____

Parent's full name*: _____
(name) (surname)

School name of student*: _____

City/Village*: _____

*** Required fields**

Please proceed with the payment to the THALES Foundation Hellenic Bank Account: 105-01-474640-01 and then please send the application form with the receipt to info@thalescyprus.com or by post at Thales Foundation, Stasinou 36, Office 104, 2003 Strovolos, Nicosia, Cyprus

Make sure that the **name of the student** is reported through the transaction and is also written on the bank receipt.

(SAVE MONEY: 12 euro per test if payment is made on-line: visit www.thalescyprus.com)