



HIPPO 2024

12th INTERNATIONAL ENGLISH LANGUAGE OLYMPIAD

ENGLISH WITHOUT BORDERS

Request for Venue Approval

Please send the completed, signed and stamped form to the local coordinator where present, hippo-cy@thalescyprus.com.

1. SCHOOL DETAILS	
SCHOOL NAME:	
SCHOOL ADDRESS:	
TOWN:	POSTCODE:
REGION:	COUNTRY:
EMAIL:	
2. SCHOOL TYPE	
Regular School	
Hours of English per week _	
☐ International / Specialis	ed / American / British
Percentage of the curricul	um taught in English
3. EXTERNAL CANDIDATES	
Are you willing to accept exte	rnal candidates¹?
YES	
□NO	
If your answer is Yes, please list external candidates:	t HIPPO Categories for which you are willing to accept

¹ Individual candidates coming from schools that do not organise the Olympiad on their premises.





4. PRINCIPAL APPROVAL

Hereby I approve the use of school premises as a venue for the preliminary round of the international Olympiad in English language HIPPO, to be held for the school students on

Prir	ncip	oal Name and Surname (IN PRINT):	
Prin	ncip	pal Signature:	
5.	HII	PPO COORDINATOR DETAILS	
No	me	e, Surname and Position:	
Сс	ntc	act Phone Number (include country code):	
Em	ail:		
Ad	dre	ess for Olympiad Material Delivery (if different from school	ol address):
6.	IN	VIGILATOR DETAILS ²	
	1.	Name and Surname, Position:	
	2.	Name and Surname, Position:	
	3.	Name and Surname, Position:	
	4.	Name and Surname, Position:	
	5.	Name and Surname, Position:	
6.	LI	ABILITY	
Lai (a) thr	ngu /ail ou(by I confirm that, by enrolling candidates for the page, I accept the examination regulations as we able on www.hippo-olympiad.org), and I commit myse ghout the Olympiad. I accept full responsibility for the Cy suspected malpractice or other irregularities.	ell as Olympiad regulations olf to following the regulations
Hip	ppc	Coordinator Signature:	Date:

² At least one invigilator needs to be present for every 25 candidates. The invigilator does not necessarily need to be an English language teacher but needs to be a teacher.