

KANGOUROU 2011-2012



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	check the tests you take	Fees in Euros €
	11 February 2012	17 March 2012			
English (grades 3-12)	10:00-11:00		27 January 2012	<input type="checkbox"/>	20
French (grades 3-12)	11:15-12:15		27 January 2012	<input type="checkbox"/>	20
Spanish (grades 3-12)	12:30-13:30		27 January 2012	<input type="checkbox"/>	20
German (grades 3-12)	12:30-13:30		27 January 2012	<input type="checkbox"/>	20
Mathematics (grades 1-12)		10:00-11:15	1 March 2012	<input type="checkbox"/>	20
Informatics (grades 9-12)		11:30-12:30	1 March 2012	<input type="checkbox"/>	20
Multiply each test by €20 and write the total in the box →					€

Choose the test centre:

Nicosia Limassol Larnaca Paphos Paralimni

I would like a paper for low sight/blind people.

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*: _____

(surname)

(name)

Birth date*: ___/___/___ Mobile phone*: _____ Home phone*: _____

(day/month/year)

Full mailing address*: _____

Postal code*: _____

(City/village)

Email*: _____

Parent's full name*: _____

(surname)

(name)

School name of student*: _____

City/Village*: _____

* Required fields

The registration form should be **post marked** to the address below together with a copy of a receipt of the bank payment of **20 EURO per subject** paid to the account below by the deadlines shown above. Group payments are also accepted.

Bank of Cyprus: 0158-01-009910 (Beneficiary: THALES Holdings).

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

➔ **THALES for Kangourou, P.O.Box 28959, CY2084 Acropolis, Nicosia**

(SAVE MONEY: 15 euro per test if payment is made on-line: visit www.thalescyprus.com)