



SAHETI SCHOOL

2017 SUPPORT PLAN FOR NON-SAHETIANS APPLICATION FORM (Must be completed by parent/guardian)

Date of Application:

Date of first lesson: Term 1 Term 2 Term 3

1. Learners Name and Surname (as per Birth Certificate):
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2. Learners Name and Surname in Greek (as per Greek passport – if available):
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3. Greek origin: Father Mother

4. Age.....

5. Date of Birth

6. Home Language:

7. Previous Greek lessons attended (hours): 0-100 100-200 300-400 More than 500

A. Community school: Community:

B. Private lessons

C. SAHETI Support Plan Lessons 2014-2016: YES NO

8. Learner's school:

9. Grade to be attended at SAHETI for the Support Plan (to be completed by the Greek educators):

Pre-Primary (4-5 years)

Grade 1 (6-7 years)

Grade 2 - 3 (8-9 years)

Grade 4 - 5 (10-11 years)

Grade 6 - 7 (12-13 years)

Beginners Adolescence Class (11 years and up)

Grade 8 - 9 / FET (14-15 years)

Grade 10 / FET (15-16 years)

Grade 11 / FET (16-17 years)

Grade 12 / FET (17-18 years)

B2, C1, C2 Ellinomatheia (13 years and up)

Parent/Guardian:

Full name
Address.....
.....
City/district
Home tel Mobile
Email

Person Responsible for account:

Full name
Address.....
.....
City/district
Home tel Mobile
Email

We kindly ask all parents to deposit the amount of R2100 for each child as annual fees (and present proof of payment to SAHETI’s Greek Secretary rfrantzeskos@saheti.co.za - 011 479 3749 -before lessons commend on the 11th of February) in the following bank account:

Bank: STANDARD BANK
Branch: ALBERTON
Acc. Name: SAHETI SCHOOL
Acc. Number: 0206 541 38
Branch Code: 012342
Ref: SUP-LES – PUPILS SURNAME

DATE:.....

SIGNATURE:.....