

YLE - REGISTRATION FORM

Test : STARTERS MOVERS FLYERS

(Please circle the appropriate level)

Exam Centre: PL 002 **Exam Date :** ___ ___ ___ **School Name :**

School Address:

School phone no : **Fax:** **E-mail:**

Phone number on the test day : **person responsible on the test day:**

I HEREBY DECLARE THAT:

- 1) I agree to my child being registered for Cambridge Young Learners English Tests
- 2) I agree to my child's personal data being processed for purposes related to the administration of the Cambridge ESOL exams in accordance with the Data Protection Act of 29 August 1997.
- 3) I agree for my child's results to be sent to the school registering him/her for the examination.
- 4) **I confirm that my child's personal data provided below is correct.**

| leave blank | L.P | CHILD'S FIRST NAME (IN BLOCK CAPITAL LETTERS) | CHILD'S FAMILY NAME (IN BLOCK CAPITAL LETTERS) | DATE OF BIRTH | NATIONALITY | FIRST LANGUAGE | LEGIBLE SIGNATURE OF A PARENT |
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Page no **of**

School representative's signature

Date

Wypełnia Centrum:

Przyjęte przez :

(podpis przedstawiciela Centrum)