

2018 SUPPORT PLAN FOR NON-SAHETIANS APPLICATION FORM

(Must be completed by parent/guardian)

Date of Application:			
Date of	f first lesson: Term 1 Term 2	Term 3 □	
1.	Learners Name and Surname (as per Birth Certificate):		
2.	Learners Name and Surname in Greek (as per Greek passport - if available):		
3.	Greek origin: Father □ Mother □		
4.	Age		
5.			
6.	Home Language:		
7.	7. Previous Greek lessons attended (hours): 0-100 \square 100-200 \square 300-400 \square More than 500 \square		
	A. Community school:	Community:	
	B. Private lessons □		
	C. Saheti Support Plan Lessons 2014-2017:	□ YES □ NO	
8.	Learner's school and Grade:		
9.	Grade to be attended at SAHETI for the Suppor	t 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 & 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		

0861 SAHETI

0861 724 384

playschool@saheti.co.za

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Parent/Guardian:				
Full Name				
Address				
City/District				
Home Tel		Mobile		
Email				
Person Responsible	for account:			
Home Tel		Mobile		
Email				
Preferred email for all communication:				
Bank:	STANDARD BANK			
Branch:	ALBERTON			
	SAHETI SCHOOL			
Acc. Number Branch Code				
Ref:	SUP-LES - PUPILS SURNAME			
lessons commend on	10 February 2018	tary <u>rfrantzeskos@saheti.co.za</u> - 011 479 3749 - before		
DATE		SIGNATURE		