



SAHETI SCHOOL

2019 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):
.....
2. Learners Name and Surname in Greek (as per Greek passport – if available):
.....
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 2014-2018: YES NO
8. Learner's school and Grade:
9. Grade to be attended at SAHETI for the Support Plan
(to be completed by the Greek educators):

Pre-Primary (4-5 years)	<input type="checkbox"/>
Grade 1 (6-7 years)	<input type="checkbox"/>
Grade 2 -3 (8-9 years)	<input type="checkbox"/>
Grade 4 – 5 (10-11 years)	<input type="checkbox"/>
Grade 6 – 7 (12-13 years)	<input type="checkbox"/>
Beginners Adolescence Class (11 years and up)	<input type="checkbox"/>
Grade 8 – 9 / FET (14-15 years)	<input type="checkbox"/>
Grade 10 / FET (15-16 years)	<input type="checkbox"/>

- Grade 11 / FET (16-17 years)
- Grade 12 / FET (17-18 years)
- B2, C1, C2 Ellinomatheia

Parent/Guardian:

Full name

Address.....

.....

City/district

Home tel Mobile

Email

Person Responsible for account:

Full name

Address.....

.....

City/district

Home tel Mobile

Email

Preferred email for all communication:.....

We kindly ask all parents to deposit the amount of R3600 for each child as annual fees 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

and present proof of payment to SAHETI’s Greek Secretary rfrantzeskos@saheti.co.za - 011 479 3749 - before lessons commend on the 9 February 2019

DATE:.....

SIGNATURE:.....