



Platon_iSP School IB Diploma Department



Student registration form Academic Year 2025-2026

Date:					
	0Stud	lent Informat	ion		
First Name:					
Surname:	(In English, as appearing on ID card	d or passport)	First		M.I.
	(In English, as appearing on ID card	d or passport)	First	M.I.	
Gender					
Address:					
	Street Address				Apartment/Unit #
	City			State	ZIP Code
II Bl	ony .	Malata Blass		Glato	2 3345
Home Phone:	Mobile Phone:				
Email					
ID or passport number:					
Birth Date:	Nationality _				
Country/ Town of birth:					
Second nationality:	_	Mothe	er tongue:		
	Aca	ademic profil	е		
Current school:	_				
Junior High overa	Il average:				
	ol overall average (10 th grade):				
Languages spoke					

LANGUAGE ACQUISITION

Language	Certificate	Date of acquisition					
Language	Certificate	Date ofacquisition					
Language	Certificate	Date of acquisition					
Course of study							
interested in You should choose O	courses you are mostly NE subject from one group a subject from Group 6 you ONE from any group	Group 4					
		Biology					
Group 1	_	Chemistry					
English A Lang. & I		Computer science					
Modern Greek A La	_	Physics					
Chinese A Lang. &	Lit.	Sports Science {upon demand}					
Group 2							
English B		Group 5					
Spanish Ab Initio		Mathematics:					
German Ab Initio	\Box	Analysis & Approaches					
French {upon demand}		Applications & Interpretation					
Group 3		Group 6					
History Psychology Economics Global Politics		Visual Arts					
	Universi	ity destinations					
You may choose sev		dying in a non-English-speaking country, proficiency in					
the relevant languag	e is usually required.						
United Kingdom U.S.A. Australia	☐ France ☐ Germany ☐ Italy	Scandinavian countries Other					
Canada	Netherlands						
Belgium		_					
Please indica	te the undergraduate uni	versity programme you wish to pursue:					

Guardian info				
Father's Full Name	<u> </u>	, <u> </u>	<u> </u>	
Address:	(In English, as appearing on II	O card or passport)	First	Surname
Address.	Street Address (if different from	m applicant's address)		Apartment/Unit #
	City		State	ZIP Code
Home Phone:		Mobile Phone	e:	
Email				
Mother's Full Name:				
Address:	(In English, as appearing on II	O card or passport)	First	Surname
7 Ida 1000.	Street Address (if different from	m applicant's address)		Apartment/Unit #
	City		State	ZIP Code
Home Phone:		Mobile Phone	e:	
Email				
How did you learn a	about the IB Diploma Progra	amme at Platon_iSP Sch	nool?	
	ve any health problems we school year, or for some ot		er because you may red	quire specific medical
(If you answer 'Yes	', please give further details	to the DP Programme	Coordinator)	
Special Education examination?	al Needs: Do you have an	y special needs or learn	ing differences which re	quire a specific form of
(If you answer 'Yes registration to the p	', you should submit docum rogramme. The application receding the examinations.)	for special arrangement	No □ accredited Health Orga ts during the final exami	nnization by the final date of nations should be made by
How will you be do	eparting from School:			
BUS: Yes	No 🗆			
Bus Number :				
By own means: Y	es 🗌 No 🗌			
Time of departure	<u>:</u>			
Monday	Tuesday	Wednesday	Thursday	Friday
14:50 🗌 16:40	14:50 16:40	14:50 🗌 16:40 🗌	14:50 🗌 16:40 🗍	14:50 🗌 16:40 🗍

Together with this application, you should also submit:

- One (1) id-type of photograph,
- A copy of Gymnasium Apolytirion for Greek students
 A copy of 1st term grades from 1st year of Lyceum for Greek students
 A copy of 10th grade transcripts for International Students
- An official middle school accreditation document accompanied with a detailed mark-sheet for international students.
- A copy of any foreign language certificates

Enclosed:		Photograph Copy of Gymnasium Apolytirion Copy of 1st term grades of 1st year Lyceum Copy of 10th grade transcripts for International Students Copy of official middle school accreditation document (international students only) detailed mark-sheet (international students only) Copy of foreign language certificate(s)
Signature of	Student	Signature of Parent
For Greek po Ο Υπογράφο		ardians only /Κηδεμόνας δηλώνω ότι γνωρίζω την Αγγλική γλώσσα
	•	nts/guardians only fully comprehend the content in English, of this application.
For online	submissi	ions, to: dpsec@platon.gr