



PROGRAMA ESTRELLA

ENROLMENT FORM

2020-21 Academic Year

STUDENTS DETAILS

NAME AND SURNAMES

DATE OF BIRTH

CURRENT SCHOOL

YEAR

NUMBER OF SIBLINGS AND AGES

DETAILS OF PARENTS AND / OR GUARDIANS

MOTHER'S NAME AND SURNAMES

E-MAIL

CONTACT TELEPHONE NUMBER

ADDRESS, TOWN/CITY, DP

FATHER'S NAME AND SURNAMES

E-MAIL

CONTACT TELEPHONE NUMBER

ADDRESS, TOWN/CITY, DP

_____ on _____
number.

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Signature of parents or guardians, ID

To formalise enrolment, a copy of the psychopedagogical report describing the profile of the student and the need for specialised support must be attached. However, any doubts in this regard can be clarified personally.

This application must be sent completed to the mail:
programaestrella@sek.e