HELLENIC ASSESSMENT SERVICES

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CAMBRIDGE ENGLISH
Language Assessment
Part of the University of Cambridge

Tick the appropriate box to indicate the examination. (Complete a separate form for each examination)

FIRST CERTIFICATE IN ENGLISH (For Schools)	(FCE)	☐	May ☐ Jun ☐ Dec ☐
CERTIFICATE IN ADVANCED ENGLISH	(CAE)	☐	
CERTIFICATE OF PROFICIENCY IN ENGLISH	(CPE)	☐	
KEY ENGLISH TEST (For Schools)	(KET)	☐	Mar ☐ Jun ☐
PRELIMINARY ENGLISH TEST (For Schools)	(PET)	☐	May ☐ Dec ☐
YLE STARTERS		☐	Date _____
YLE MOVERS		☐	
YLE FLYERS		☐	

NAME OF SCHOOL / TEACHER _____

ADDRESS _____

TOWN, POST CODE _____

TELEPHONE _____ **MOBILE** _____

E-MAIL _____

	FAMILY NAME	FIRST NAME	FATHER'S NAME	DATE OF BIRTH Day	Month	Year

Να εκδοθεί ΑΠΟΔΕΙΞΗ: στο όνομα του Σχολείου ☐, στο όνομα του μαθητή ☐ (Παρακαλώ σημειώστε στο αντίστοιχο τετράγωνο)

I ask that these candidates be admitted to this examination. I undertake to ensure these candidates are made aware of and comply with the regulations and the arrangements made by the Local Secretary. I have taken reasonable steps to identify any candidates with special needs and notify the Local Secretary. The candidates have been informed and have agreed that the examination results may be made available on-line to accredited institutions such as professional bodies and government departments to enable them to authenticate the results.

Signature		**Date**	