



# SAHETI SCHOOL

## 2017 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):

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2. Learners Name and Surname in Greek (as per Greek passport – if available):

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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 2014-2016:  YES  NO

8. Learner's school: .....

9. Grade to be attended at SAHETI for the Support 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 and 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 (13 years and up)

Parent/Guardian:

Full name .....

Address.....

.....

City/district .....

Home tel ..... Mobile .....

Email .....

Person Responsible for account:

Full name .....

Address.....

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City/district .....

Home tel ..... Mobile .....

Email .....

We kindly ask all parents to deposit the amount of R2100 for each child as annual fees (and present proof of payment to SAHETI's Greek Secretary [rfrantzeskos@saheti.co.za](mailto:rfrantzeskos@saheti.co.za) - 011 479 3749 -before lessons commend on the 11<sup>th</sup> of February) 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

DATE:.....

SIGNATURE:.....