



Cambridge Young Learners' English Tests

PLEASE FILL IN "BLOCK LETTERS". Limit your name into 40 boxes.
Please leave a box empty between the names.

<i>Please submit 2 photographs</i>										Examination Date:																													
Examination: Starters/Movers/ Flyers										<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																											
Candidate's given name:																																							
Candidate's surname:																																							
How do you want your name to be printed on the certificate?																																							
Candidate's address:																																							
Gender:	Male / Female	Date of Birth	D / M / Y																																				
Nationality											First Language																												
Tel. (parent):	Land Line:										Mobile:																												
E-mail (parent):																																							
School / Institute/ Organisation where you studied for this test:	School <input type="checkbox"/>										Private study <input type="checkbox"/>																												
										Other _____ (please give the name of Institute)																													
Signature of the parent																																							
What other exams have you taken before?										STARTERS	MOVERS	FLYERS	Any other exams: (specify)																										

We process the personal information given on this entry form either in print or electronic form, in accordance with the UK's Data Protection Act, 1998. We may also use your personal details to send you further information with regard to this Examination.

Please sign here to confirm that you understand and agree to these conditions.

Signature:
(Parent / Guardian / Teacher)

Date:

Official Use Only			
Centre No:	LK115	Centre Name:	Skills for Life (Pvt) Ltd
Candidate No:		Receipt No:	Signature and Date :
Note:			