**PHS “Algoritam”**

**Competition for enrollment**

School year 20\_ / \_\_

Application for enrolling into:

First year Sophomore Junior Senior

Student’s information

|  |  |  |  |
| --- | --- | --- | --- |
| NAME |  | SURNAME |  |
| DATE OF BIRTH |  | PLACE OF BIRTH |  |
| IDENTIFICATION NUMBER |  | GENDER |  |
| ADDRESS | street | town/city | municipality |
| PHONE static  mobile |  | E- mail address |  |
| NATIONALITY |  | CITIZENSHIP |  |
| NAME OF THE SCHOOL FROM THE PREVIOUS SCHOOL YEAR |  |  |  |
|  |  |  |  |

Parent / Guardian information

|  |  |  |  |
| --- | --- | --- | --- |
| NAME |  | SURNAME |  |
| ADDRESS | street | town/city | municipality |
| PHONE static  mobile |  | E-mail address |  |

Parent / Guardian information

|  |  |  |  |
| --- | --- | --- | --- |
| NAME |  | SURNAME |  |
| ADDRESS | street | town/city | municipality |
| PHONE static  mobile |  | E-mail address |  |

\* Please send the completed application form to the address: [info@algoritam.mk](mailto:info@algoritam.mk)

Address: St. "Dame Gruev" no. 16, BC Paloma Bianca, 6th floor, 1000 Skopje

Phone: +389 2 3 116 750

www.algoritam.mk info@algoritam.mk