



Cambridge Young Learners' English Tests

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

Please submit 1 photograph										Examination Date:									
Examination Level:										Starters <input type="checkbox"/>		Movers <input type="checkbox"/>		Flyers <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:					British Council <input type="checkbox"/> Private study <input type="checkbox"/>					Other school (please give the school name)									
Signature of the parent																			
What other exams have you taken before?					STARTERS		MOVERS		FLYERS		Any other exams: (specify)								

We will process the personal information you give on this 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 information on our activities.

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

Signature:
 (Parent / Guardian / Teacher / Candidate – please circle)

Date:

Office Use Only				
Centre No:		EG001	Centre Name:	British Council, Cairo
Candidate No:			Receipt No:	Signature and Date :
Note:				