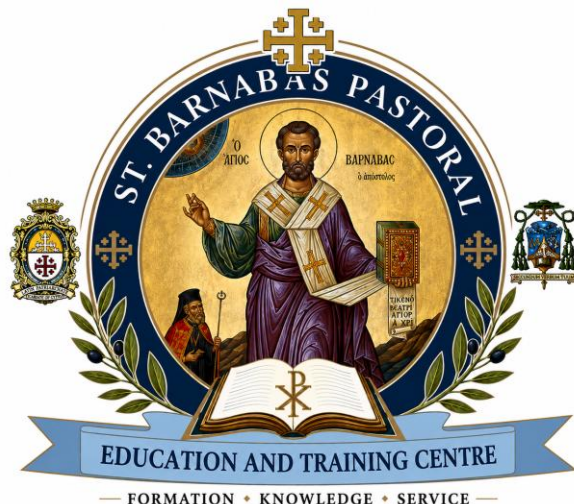




SAINT BARNABAS PASTORAL EDUCATION AND TRAINING CENTRE

INITIAL REGISTRATION FORM

ACADEMIC YEAR 2026-2027

PLEASE COMPLETE THE FORM AND PRINT ALL INFORMATION REQUIRED IN CAPITAL LETTERS AND SEND A COPY OF THE COMPLETED FORM BY
EMAIL TO theologicalschool.cyprus2024@gmail.com
The original to be submitted at the first class meeting

1. PERSONAL INFORMATION (write in CAPITAL LETTERS)

FIRST NAME: _____

SURNAME: _____

EMAIL ADDRESS: _____

MOBILE PHONE NUMBER: _____

PARISH: _____

2. LEVEL OF EDUCATION (CHOOSE APPLICABLE)

☐ ELEMENTARY ☐ SECONDARY / HIGH SCHOOL ☐ UNIVERSITY

3. REGISTRATION TYPE (CHOOSE ONE)

☐ AUDITION (Attendance only - Certificate of Participation from Diocese)

☐ FOR CREDIT (To obtain University Degree Qualification)

4. APPLICANT & PARISH PRIEST SIGNATURES

APPLICANT SIGNATURE & CONFIRMATION

NAME: _____

SIGNATURE: _____

DATE: _____

PARISH PRIEST (OR FOR RELIGIOUS, THEIR SUPERIOR)

NAME: _____

SIGNATURE: _____

DATE: _____

FOR OFFICIAL USE ONLY

DATE RECEIVED: _____

APPROVAL STATUS: ☐ APPROVED

☐ PENDING