

Name of the authorised person
to submit this form:

Centro de Formación de Personas Adultas
Escuela comarcal Alto Palancia
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Web: <https://portal.edu.gva.es/fpaaltopalancia>

ENROLMENT FORM ACADEMIC YEAR 20 __ / __ LOCALITY: _____

v2.0

IMPORTANT:

1. This document does not certify the enrolment in the centre.
2. This document must be accompanied by the consent form and a passport photo.
3. In order to receive a certificate of the course, it is necessary to have attended at least 85% of the sessions from the beginning of the course and not from the registration date.

PERSONAL INFORMATION					
Surname(s)				Name	
NIF, NIE or Passport (enclose photocopy)				Date of birth	
Address					
Locality (town)		PC		Province	(county)
Nationality		Country of birth		Birth place	
Contact phone		Contact phone			
E-mail	IN CAPITAL LETTERS				

PROGRAMMES YOU ARE APPLYING FOR (mark in the appropriate box and give further information if necessary)									
Cycle 1, details provided:									
Undergraduate course		Secondary Education Certificate:			GES1		GES2		
Digital competence:	Basic			Intermediate					
Spanish for foreigners:*	A1		A2		B1		Group		
English language:	A1		A2		B1				
Valencian language:	A1		A2		B1		C1		C2
Cultural heritage:						Cultural itineraries			
Others, details provided:									

* new students will NOT fill in this section.

GROUP AND MODALITY PREFERENCE (check the educational offer)							
Morning		Afternoon		Annual		Quarterly	

In _____, the ____ of _____, 20____

Legal representative:

Applicant:

Full name, ID and signature.

Signature.

White: copy for the school. Colour: copy for the applicant.