

STUDENT DETAILS

Surname	Abela
Name	Gianluca
Date of Birth	24-Jan-1997
Gender	M
Nationality	Malta
Religion	Roman Catholic
National ID No	437827M
ADDRESS DETAILS – STUDENT'S ADDRESS	
Apartment	
House Name	Sorrentina
House No.	15
Street	Triq in-Newl
Town/City	San Gwann
Postcode	SGN 1 561
Country	Malta

FILL IN, ONLY IF DIFFERENT

Enter any amendments or addition to the data on the left on this side of the sheet.

Tick ONLY any of these boxes if you want to change your current status.

PARENTS' STATUS
 Parents are **MARRIED** and living together
 Tick ONLY if different from above :
 Separated Divorced Single Mother Single Father Co-habiting
 Other Father deceased Mother deceased

PARENTS' CONSENT FOR PUBLICATION OF WORK AND PHOTOGRAPHS
 If selected, my/our son's/daughter's work may be published on printed publications including Newsletters, Magazines, and other information and promotional material. Photographs that include my/our son/daughter may be published subject to the school rules that photographs will not include the individual's full name.
 Current Selection : **IWe Agree**
 Tick ONLY to change selection : I / We agree I / We Disagree

If selected, my/our son's/daughter's work may be published on the school's website. Photographs that include my/our son/daughter may be published subject to the school's rules that photographs will not include the individual's full name.
 Current Selection : **IWe Agree**
 Tick ONLY to change selection : I / We agree I / We Disagree

Should the schools publish a year book I/we give permission for my/our son/daughter's name to be included in the year book.
 Current Selection : **IWe Agree**
 Tick ONLY to change selection : I / We agree I / We Disagree

Tick ONLY any of these boxes if you want to change your current selection.

I/We the undersigned confirm that we have read and understood all policies and practices regarding the school's Acceptable Computer and Internet Use and The Data Protection Policy. A full copy of Acceptable Computer and Internet Use policy is available on the school website, www.smc.edu.mt and www.chs.edu.mt. I/We understand that this consent or otherwise shall remain effective throughout my/our son/daughter's attendance at St Martin's College and I/We shall assume full responsibility to inform the school/s, in writing, of any changes to this data.

Both parents must sign this declaration.

SIGNATURE PARENT / GUARDIAN 1 _____ SIGNATURE PARENT / GUARDIAN 2 _____

THIS INFORMATION IS BEING COLLECTED AND WILL BE USED ACCORDING TO THE TERMS OUTLINED BY THE DATA PROTECTION ACT.
 UPN No: T65636560706001 ADMISSION No : 09901338

Parent/Guardian 1

Title	Mr
Surname	Abela
Name	Stefan
Relation	Father
Nationality	Maltese
National ID No	45550617M
Income Tax No	
Home Tel No	21443290
Mobile No	79999191
Work Tel No	21554433
E-Mail	sabela@smc.edu.mt
Occupation	Director
Company	SMC Ltd

Fill ONLY if different

Enter any amendments or addition to the data on the left on this side of the sheet.

For Tax Rebate Purposes for International Parents

International parents are to enter their Income Tax No for Tax Rebate Purposes.

International parents are to enter Passport No. if not in possession of an ID Card.

Parent/Guardian 2

Title	Dr
Surname	Abela
Name	Mary
Relation	Mother
Nationality	Maltese
National ID No	894672M
Home Tel No	21443290
Mobile No	99887766
Work Tel No	21443322
E-Mail	sabela@chs.edu.mt
Occupation	Medical Doctor
Company	Hospital

Fill ONLY if different

Enter any amendments or addition to the data on the left on this side of the sheet.

Tick ONLY if you would like to change the priority level. If you tick this box Parent/Guardian 2 becomes Parent/Guardian 1. Parent/Guardian 1 is the first contact person for the school.

Please tick this box if you would like to exchange to take priority. Tick blank if you accept the current priority level.

Both parents must sign this declaration.

SIGNATURE PARENT / GUARDIAN 1 _____ SIGNATURE PARENT / GUARDIAN 2 _____

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Numbers required to use the online system.

