REPÚBLICA PORTUGUESA
EDUCAÇÃO, CIÊNCIA E INOVAÇÃO

UPDATED PHOTO

Registration Form

Selection test for the academic year 2026 / 2027

To be completed by the Hearing Secretary

Group _____ Candidate nº _____

To be completed by Candidate (Bulletins that are not fully completed, with legible handwriting and a pasted photograph will be discarded.)

CANDIDATE IDENTIFICATION

Name _____

Born in ____ / ____ /_____ Age _____ Weight _____ Kg Heigh _____ cm

School you attend:_____

School year attended: _____ year / Year you are applying for: _____ year

If you have measures to support learning and inclusion, indicate which ones:

Universal Selective Additional

Practice in dance: (If there is no previous preparation, leave it blank. If yes, indicate the name of the respective teachers and schools)

_____

_____

_____

_____

_____

_____

_____

PARENT OR GUARDIAN INFORMATION

Name _____ Parentage _____

Adress _____

locality _____ Postal Code _____-_____

Contact Phone _____ e-mail _____@_____

Parent or Guardian Authorization

___ / ___ / _____ _____

Date Signature

edcn