

15th Hippo Venue Approval Form

Please send the completed, signed and stamped form to your country coordinator. If there is no coordinator for your country, please send it directly to info@hippo-thecontest.org.

1. SCHOOL DETAILS

SCHOOL NAME: _____

SCHOOL ADDRESS: _____

TOWN: _____ POSTCODE: _____

REGION: _____ COUNTRY: _____

EMAIL: _____

2. SCHOOL TYPE

☐ Regular School

Hours of English per week _____

☐ International / Specialised / American / British

Percentage of the curriculum taught in English _____

3. EXTERNAL CANDIDATES

Are you willing to accept external candidates¹?

☐ YES

☐ NO

If your answer is Yes, please list HIPPO categories for which you are willing to accept external candidates:

¹ Individual candidates coming from schools that do not organise the Contest on their premises.

4. PRINCIPAL APPROVAL

Hereby I approve the use of school premises as a venue for the preliminary round of the Contest.

Principal Name and Surname (IN PRINT): _____

Principal Signature: _____

5. SCHOOL COORDINATOR DETAILS

Name, Surname and Position: _____

Contact Phone Number (include country code): _____

Email: _____

Address for the Contest Material Delivery (if different from school address):

6. INVIGILATOR DETAILS²

1. Name and Surname, Position: _____

2. Name and Surname, Position: _____

3. Name and Surname, Position: _____

4. Name and Surname, Position: _____

5. Name and Surname, Position: _____

6. LIABILITY

Hereby I confirm that, by enrolling candidates for Hippo the Contest, I accept the examination regulations as well as the Contest regulations (available on www.hippo-thecontest.org), and I commit myself to following the Regulations throughout the Contest. I accept full responsibility for the Contest organisation, as well as any suspected malpractice or other irregularities.

School Coordinator Signature: _____ Date: _____

² At least one invigilator needs to be present for every 25 candidates. The invigilator does not necessarily need to be an English language teacher but needs to be a teacher.