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| Student Application Form |
| Applying to (class):  | Upload passport photo here(Optional) |
| Academic Year:  |
| Student’s first name: |
| Student’s family name: |
| FOR OFFICE USE ONLY |
| Application no:  |
| Date application received: |
| Student ID:  |  |

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| Student’s details |
| First name:  |
| Family name: | Middle name:  |
| Sex: Male € Female € | Date of birth: Day\_\_\_\_Month\_\_\_\_\_Year\_\_\_\_\_\_ |
| Place of birth: City:  | Country: |
| Nationality/ies: |
| Nationality under which applicant wishes to enrol: |
| Lebanese ID card no:  |
| Programme: Lebanese € International € | Has the student ever repeated a class:  |
| Language spoken at home:  |
| Siblings: Yes € No € |
|  Name/s of brothers/sisters  | Date of birth |
| 1. |  |
| 2. |  |
| 3.  |  |
| 4. |  |
| Previous schools attended: (Most recent first) |
| Name/s Class Dates |
| 1.  |
| 2.  |
| 3.  |
| Student’s email address (if applicable): |
| Please check if applicable: Patents Divorced Parents separated Father or mother deceased \_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| If divorced, the legal guardian is: Father € Mother € Other €:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_If other was chosen then a box should open to fill details (Guardian details should open) |
| Correspondence |
| Emergency messages and other correspondence to be sent to (please choose one only): Father € Mother € Guardian € |

This application must be completed in full by the applicant’s legal guardian.

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| Father’s details |
| Title: Mr. € Dr. € other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| First name:  | Family name: |
| Nationality/ies: | Occupation: |
| Home tel: | Cellular in Lebanon: |
| Cellular outside Lebanon: | Office tel: |
| Email: |
| **Address** |
| Building: | Street: |
| Area:  | Town/City: |
| CHS graduate: Yes € No €  | If yes, please give year of graduation: |
| Mother’s details |
| Title: Mrs. € Ms. € Dr. € other, please specify: |
| Family name:  | First name: |
| Maiden name (family name before marriage): |
| Nationality/ies: | Occupation: |
| Home tel: | Cellular in Lebanon: |
| Cellular outside Lebanon: | Office tel: |
| Email: |
| **Address** (if different from father’s address) |
| Building:  | Street: |
| Area:  | Town/City: |
| P.O. Box:  | Country: |
| CHS graduate: Yes € No €  | If yes, please give year of graduation: |

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| Emergency contact - other than parent (if parents or guardian cannot be reached) |
| Title: Mr. € Mrs. € Ms. € Dr. € other, please specify: |
| First name: | Family name:  |
| Relationship: |
| Home tel: | Cellular: |
| Office tel:  | Email: |
| Town/City: | Country: |
| Authorized Persons who have your permission to collect your child from school, if necessary: |
| 1.Full name \_\_\_\_\_ Relationship to applicant: \_\_\_ Phone number:\_\_\_\_\_\_2.Full name\_\_\_\_\_\_ Relationship to applicant: \_\_\_\_\_ Phone number:\_\_\_\_ |
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| Guardian’s details ( No need for this part, only if applicable) |
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| Is the student living with parent/s? Yes € No € If no, please fill in the details below.  |
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| Title: Mr. € Mrs. € Ms. € Dr. € other, please specify: |
| Family name:  | First name: |
| Relationship: |
| Home tel: | Cellular: |
| Email: |
| **Address** |
| Building:  | Street: |
| Area:  | Town/City: |
| P.O. Box:  | Country: |
| **Parents’ signatures** |
| This application has been filled by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Submit |