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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 | |