



Ref : _____

ENROLLMENT FORM
Academic year 2024-2025

In the class of _____

Photo

Student (as on ID/ passport)	(First)	(Middle)	(Last)	<input type="checkbox"/> Female <input type="checkbox"/> Male
Birth Date	___ / ___ / _____ (day/month/year)	Birth Place		

Father	Last Name	First Name	
Profession		Level of education	
E-mail address			
Work Address		Work Phone N°.	
Home Phone N°.		Cell Phone N°.	
School Graduate	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, graduation year _____	
Civil Status	<input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Separated <input type="checkbox"/> Other _____		

Mother	Maiden Name	First Name	
Profession		Level of education	
E-mail address			
Work Address		Work Phone N°.	
Home Phone N°.		Cell Phone N°.	
Alumni	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, graduation year _____	
Civil Status	<input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Separated <input type="checkbox"/> Other _____		

In case of divorce / separation, the child lives with which parent?	<input type="checkbox"/> Father <input type="checkbox"/> Mother
First and Last Name of the Legal Guardian (in case of parents' absence)	Cell Phone N°.

Student Information			
Religion		Sect	
Nationality 1		Nationality 2	
(depending on ID card)	N°.		Place
	District - Cada		Governorate
Old student (was previously at our school)	In class of		Academic year
Previous School			Class
Learning Languages			



Home Address	Street		Building/Floor	
	City		District - Cada	
	Governorate		Country	
	Home Phone N°.		SMS/Whatsapp N°.	
E-mail Address	Student Cell Phone N°.			
Transportation	<input type="checkbox"/> School Bus <input type="checkbox"/> provided by parents <input type="checkbox"/> Other _____			
Siblings	<u>Name</u>	<u>School</u>	<u>Class</u>	
1.				
2.				
3.				
4.				
Student's Health				
Allergy	<input type="checkbox"/> Yes <input type="checkbox"/> No	Specify		
Chronic disease	<input type="checkbox"/> Yes <input type="checkbox"/> No	Specify		
Regular treatment	<input type="checkbox"/> Yes <input type="checkbox"/> No	Specify		
Special Needs Student	<input type="checkbox"/> Yes <input type="checkbox"/> No	Specify		
	If yes, a medical and/or paramedical assessment must be presented at the time of registration			
In Emergency case, contact (Who)	(Name and phone number)			
Additional Information				
Why did you choose our school to enroll your child(ren) ? (You can check more than one choice)				
<input type="checkbox"/> Reputation	<input type="checkbox"/> Teaching level	<input type="checkbox"/> Success rate in official exams		
<input type="checkbox"/> Languages	<input type="checkbox"/> Homologation	<input type="checkbox"/> IB		
<input type="checkbox"/> Affordable Tuitions	<input type="checkbox"/> Diversity of Activities			
<input type="checkbox"/> Neighborhood school	<input type="checkbox"/> Parents school (Alumni)	<input type="checkbox"/> Siblings already at school		
<input type="checkbox"/> Other reason	Specify _____			
General Additional Information				

Enrollment Date: ____ / ____ / 2024

Parents Signature _____

Administration Approval _____

Principal Signature _____



Important Notes

- 1- **Registration fees are non-refundable regardless of the reason for cancellation.**
- 2- Parents are asked to comply with the enrollment period above. Any enrollment outside the dates indicated above must be upon appointment.
- 3- The child in KG1 should be 3 years old before January 31, 2025.
- 4- No new registrations in Grade 11 and 12.
- 5- The student's enrollment in the school is considered as:
 - an acknowledgement by his tutor of his acceptance of the identity of the school, its internal regulations posted on the school website
 - a commitment and confirmation from the parents to pay the school fees on the specified dates.

Enrollment fees: (per student)

Enrollment Fees: 100 \$

Required Documents for new students *(to present upon enrollment):*

- a) A newly issued birth certificate (issued within the last 3 months)
- b) Valid residency permit (for non-Lebanese children)
- c) Six passport-size photos.
- d) A photocopy of the child's vaccination certificate.
- e) Report Card of the previous class.
- f) **School Attestation of the previous class** (certified by the Ministry of Education).
- g) For students transferring from a school outside Lebanon: School attestation of the previous class certified by the Ministry of Education of the country of origin **and** the Ministry of Foreign Affairs and Emigrants in Lebanon.
- h) **Official Exam Diploma for Grade 9 (Brevet)** or a certified copy for students progressing to Grade 10.

N.B: The documents f), g) and h) are mandatory, and have to be certified by the Ministry of Education, and are required before September 2024.