

STUDENT APPLICATION FORM 20 /20

PERSONAL DATA

Name in Arabic in accordance with residency papers for Non-Arabs.	الاسم الكامل وفقاً لبطاقة الهوية
.....
اسم الأب	اسم الأم
.....	الشَّهْرَة
.....	الاسم

Family Name: First Name: Middle Name:

Date of Birth: / / Place of Birth: Country: Sex: M F
Month Day Year

Nationality (ies): Passport / ID no.:

First Language: Other Languages:

Home Address:

..... Home Tel/Fax:

Parental Data

Father's Info	Mother's Info
First Name: Last Name:	First Name: Maiden Name:
Profession: Company:	Profession: Company:
Work Address:	Work Address:
Work Tel: Mobile Tel:	Work Tel: Mobile Tel:
Fax:	Fax:
E-mail:	E-mail:

Sibling Data

Sibling:	Age: School:
Sibling:	Age: School:
Sibling:	Age: School:

Emergency Contacts

Guardian's Full Name:	Other Contact's Full Name:
Relationship to the Child:	Relationship to the Child:
Address:	Address:
Tel No.:	Tel No.:

Previous School(s)

Name:	Grade:	Country:
Name:	Grade:	Country:

Has your child ever experienced any learning difficulties? Yes No

Has your child ever visited a Psychologist, a Speech Therapist, or an Occupational Therapist? Yes No

If yes, attach a copy of the report.

Please complete the form, scan it and send it to the following email: info@lwis-cis.edu.lb

"we measure success one happy learner at a time"