

Student Application Form



City International School

Become Part of Our
Community



Contact Us:

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Hussein Beyhum Street
Zokak Al Blat
Beirut, Lebanon

**STUDENT APPLICATION FORM
ACADEMIC YEAR 20....-20....**

PERSONAL DATA

| | | | | |
|--|-------------------|-----------------|----------------|---------------------------------|
| Name in Arabic in accordance with the residency papers for non-Arabs | | | | الاسم الكامل وفقا لبطاقة الهوية |
| اسم الأم | اسم الأب | الشهرة | الاسم | |

| | | |
|--|--------------------------|--|
| Family Name: | First Name: | Middle Name: |
| Date of Birth: / / Day Month Year | Place of Birth: | Country of Birth: Sex: <input type="checkbox"/> M <input type="checkbox"/> F |
| Nationality(ies): | Passport / ID No.: | |
| First Language: | Other Languages: | |
| Home Address: | Home Phone: | |

PREVIOUS SCHOOL(S)

| | | |
|---------------|-----------------|----------------|
| School: | Grade(s): | Country: |
| School: | Grade(s): | Country: |

PARENTS

| | |
|--|---|
| Father's Full Name: Nationality(ies): Profession: Company: Work Address: Work Phone: Mobile Phone: Email: | Mother's Full Maiden Name: Nationality(ies): Profession: Company: Work Address: Work Phone: Mobile Phone: Email: |
|--|---|

SIBLING(S)

| | | | | |
|-------------|--|----------------------|---------------|--------------|
| Name: | Sex: <input type="checkbox"/> M <input type="checkbox"/> F | Date of Birth: | School: | Grade: |
| Name: | Sex: <input type="checkbox"/> M <input type="checkbox"/> F | Date of Birth: | School: | Grade: |
| Name: | Sex: <input type="checkbox"/> M <input type="checkbox"/> F | Date of Birth: | School: | Grade: |

EMERGENCY CONTACTS

| | |
|---|---|
| Full Name: Relationship to the Applicant: Address: Mobile Phone: | Full Name: Relationship to the Applicant: Address: Mobile Phone: |
|---|---|

Has the applicant ever experienced any learning difficulties? Yes No

Has the applicant ever visited a psychologist/speech therapist/occupational therapist? Yes (Attached a copy of the report) No

Upon completion, kindly scan and email to info@lwis-cis.edu.lb