

Photo



APPLICATION FOR PRE-REGISTRATION

PRESCHOOL KGI  
ACADEMIC YEAR 2020-2021



Receipt n° : .....

N° : .....

**STUDENT**

Student's SURNAME (In CAPITAL LETTERS) : \_\_\_\_\_

Student' given name : \_\_\_\_\_  
(Underline the usual name)

Date of birth : \_\_\_\_\_ Sex (m/f) : \_\_\_\_\_  
Day Month Year

Place of birth (City & Country) : \_\_\_\_\_

Parent working at CPF Montana : Yes  No

Number of brothers & sisters currently at CPF Montana \_\_\_\_\_

Are you registering another child this year in KGI ? Yes  No

Lebanese Individual Civil Extract or Lebanese Identity Card (to fill in English)

Lebanese nationality : \_\_\_\_\_ رقم القيد او السجل: \_\_\_\_\_ مكان او محل القيد \_\_\_\_\_

Yes  No

French nationality : Yes  No

Other nationality (ies) if any : \_\_\_\_\_

Attended daycare (if any) : \_\_\_\_\_ Years \_\_\_\_\_

**FAMILY**

	FATHER	MOTHER
Mother's maiden family name		
Name		
Date of birth		
Nationalities		
Profession		
Employer		
Parent Alumni of CPF Montana (Specify grade levels and years)		
Email address		

Parents' Marital Status  Married  Divorced  Separated  Mother deceased  Father deceased

Name of Legal Guardian \_\_\_\_\_

Address : \_\_\_\_\_

Landline

Office phone number

Mobile phone number

Father : \_\_\_\_\_

Mother : \_\_\_\_\_

Mobile phone on which you would like to receive SMS \_\_\_\_\_

**FAMILY (continuation)**

Brothers & sisters			
Name	Age	Attended school or activity	Grade level
1.			
2.			
3.			
4.			

**SPECIFIC ELEMENTS, MOTIVATIONS  
which allow to evaluate the candidacy of your child**

**AUTHORIZATION / TERMS**

I authorize CPF Montana to publish photographs, videos, CDs, DVDs or audio visuals where my child appears, inside or outside the school premises, during school life activities for school publicity purposes without any indemnities in return.

Yes  
 No

I, the undersigned, Mr. / Mrs. ...., declare that I have read and understood the **Internal Rules and Regulations** of the CPF – Montana posted on the school’s website, **approve their content which I will make sure my child understands and abides by them.**

**By filling and signing this form, I am registering my child at CPF Montana and I hold full responsibility of settling total Tuition Fees dues (between September 15 and February 15) of each school year.**  
The information given in this document are highly confidential and will be used strictly for administrative purposes. I am informed that in case of any emergency, my child will be transported to the hospital by ambulance or by one of the school personnel.

Place .....

Date.....

Parents' signature

.....

**\* The validity of this request of pre-registration is subject to: The constitution of the file, The submission of its paper edition to the Admission office at CPF Montana, and the Family Interview.**

**\*The number of places being necessarily limited; this request of pre-inscription does not constitute in any case a commitment for the CPF Montana**