

Photo



REGISTRATION REQUEST APPLICATION FORM (Grade Level KGII to Grade 12)



Grade Level :

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) : _____

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

Lebanese nationality : _____ رقم القيد او السجل: _____ مكان او محل القيد

Lebanese nationality : Yes [] No []

French nationality : Yes [] No []

Other nationality (ies) if any : _____

Table with 3 columns: Last 3 years school (s) attended, Grade Level, Year

FAMILY

Table with 3 columns: FATHER, MOTHER, and rows for family details like Name, Date of birth, Nationalities, Profession, Employer, etc.

Parents' Marital Status [] Married [] Divorced [] Separated [] Mother deceased [] Father deceased

Name of the 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

<p>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.</p>	<p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p>
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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

.....

*** Along with this application, you may attach all requested documents listed in the form « Pre-registration file’ s constitution », so your file will be studied.**