



**REGISTRATION REQUEST
APPLICATION FORM
(Grade Level KGII to Grade 12)
Academic year 2021-2022**



Photo

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): _____

(To be filled in Arabic) الاسم والشهرة

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

Lebanese nationality: Yes No مكان او محل القيد: _____ رقم القيد او السجل: _____

French nationality: Yes No

Other nationality (ies) if any: _____

Last 3 years school (s) attended	Grade Level	Year

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 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

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.**

