



**REGISTRATION REQUEST
APPLICATION FORM
(Grade Level KGII to Grade 12)
Academic year 2023-2024**



Photo

Grade Level:

Receipt n°:

N°:

STUDENT

Student's SURNAME (In CAPITAL LETTERS): _____

(To be filled in Arabic) الاسم والشهرة

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 be filled in English)

رقم القيد او السجل: _____ مكان او محل القيد _____

Lebanese nationality: Yes No

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 <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Mother deceased <input type="checkbox"/> 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.**

RESERVED ONLY FOR IB STUDENTS

AUTHORIZATION / STUDENTS'S WORK PUBLICATION

Since Safety and Security is our first interest, we would like to require your permission for the publishing of your works on the school Website, Social Media Pages, and Newsletter; or any communication material done by the school.

We believe that it is very important to celebrate our students' achievements.

We are aware of the potential risks when such personal information or material is published on the Internet or any global system. Therefore, kindly tick the relevant box:

- I give permission for my child's work to appear in the school publications.
- I don't give permission for my child's work to appear in the school publications.

Place _____

Date _____

Student's Name _____

Parent's Name _____

Student's Signature _____

Parent's Signature _____