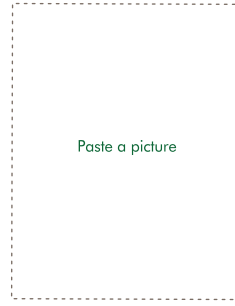




The International School  
of Choueifat - Koura



Academic Year 20\_\_/20\_\_

First Name: \_\_\_\_\_: الإسم

Father's Name/Middle Name: \_\_\_\_\_: إسم الأب

Family Name: \_\_\_\_\_: اللقب (إسم العائلة):  
Passport Spelling كما ورد في جواز السفر

Gender:  ذكر Male  أنثى Female: الجنس: Date/Place of Birth: \_\_\_\_\_: التاريخ / مكان الولادة  
(Day/Month/Year) (City/Country)

Nationality: \_\_\_\_\_: الجنسية: 2<sup>nd</sup> Nationality: \_\_\_\_\_ Religion: \_\_\_\_\_

Has your child previously applied to a SABIS® Network school?  Yes  No

If yes, which SABIS® Network school? \_\_\_\_\_ Academic Year \_\_\_\_\_

Has your child previously attended a SABIS® Network school?  Yes  No

If yes, which SABIS® Network school? \_\_\_\_\_ Academic Year \_\_\_\_\_

Will your child require school transportation?  Yes  No If yes, kindly attach a map.

### For School Use Only

IP  Lebanese Program

Date of Application \_\_\_\_\_: (Day/Month/Year) Application N° \_\_\_\_\_

Student Computer N° \_\_\_\_\_: Parent N° \_\_\_\_\_

School Transportation Services  Yes  No

Receipt Number - School Fees \_\_\_\_\_ Date \_\_\_\_\_: (Day/Month/Year)

Applying for Level/Class \_\_\_\_\_ 2<sup>nd</sup> Language \_\_\_\_\_

• Transfer  Yes  No SABIS® Network school \_\_\_\_\_

• New Admission  Yes  No

Info Completed by \_\_\_\_\_ Date \_\_\_\_\_: (Day/Month/Year)

Accepted in Level/Class \_\_\_\_\_

With Summer School  Yes  No Full Special  Yes  No

Specials  Math  English  Arabic  French

Remarks \_\_\_\_\_

Director's Signature \_\_\_\_\_ Date \_\_\_\_\_: (Day/Month/Year)

## Previous School Information

Previous School \_\_\_\_\_ Country \_\_\_\_\_

Previous grade/level last attended according to leaving certificate \_\_\_\_\_

Language(s) spoken at home  English  Arabic  Other \_\_\_\_\_

Has your child ever skipped or been asked to repeat a school year?  Yes  No

If yes, kindly provide details \_\_\_\_\_

Has your child been involved in any advanced, gifted/talented program, faced some sort of learning difficulty (speech/language therapy), or been tested for psychological purposes?

Yes  No If yes, kindly specify \_\_\_\_\_

## Family Data

**1<sup>st</sup> Guardian** (the primary contact the school reports to and sends official correspondences)

Full Name (Dr., Mr., Mrs., Ms.) \_\_\_\_\_

Relationship to Student \_\_\_\_\_ Nationality \_\_\_\_\_  
First / Middle / Family

Occupation \_\_\_\_\_

Company Name \_\_\_\_\_

Work Address \_\_\_\_\_ P.O. Box \_\_\_\_\_

Work E-mail \_\_\_\_\_ Phone \_\_\_\_\_ Ext: \_\_\_\_\_

Home Address (District, Street, Bldg., Floor) \_\_\_\_\_

Personal E-mail \_\_\_\_\_

Home Phone \_\_\_\_\_ Mobile \_\_\_\_\_

**2<sup>nd</sup> Guardian**

Full Name (Dr., Mr., Mrs., Ms.) \_\_\_\_\_

Relationship to Student \_\_\_\_\_ Nationality \_\_\_\_\_  
First / Middle / Family

Occupation \_\_\_\_\_

Company Name \_\_\_\_\_

Work Address \_\_\_\_\_ P.O. Box \_\_\_\_\_

Work E-mail \_\_\_\_\_ Phone \_\_\_\_\_ Ext: \_\_\_\_\_

Home Address (District, Street, Bldg., Floor) \_\_\_\_\_

Personal E-mail \_\_\_\_\_

Home Phone \_\_\_\_\_ Mobile \_\_\_\_\_

To receive important school-related SMS messages on your mobile, please choose one

1<sup>st</sup> Guardian     2<sup>nd</sup> Guardian    Mobile Number \_\_\_\_\_

Status of Parents     Married     Separated     Other

If separated, who has custody of the child? (legal documents may be required)     Mother     Father

**Siblings (if any)**

Name	Grade	School	Academic Year
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Have any siblings graduated from or attended a SABIS® Network school?     Yes     No

If yes: School \_\_\_\_\_ Year \_\_\_\_\_

***Father or Mother Graduate of a SABIS® Network school***

Is the applicant's father a graduate of a SABIS® Network school?     Yes     No

If yes, which year? \_\_\_\_\_ Which SABIS® Network school? \_\_\_\_\_

Is the applicant's mother a graduate of a SABIS® Network school?     Yes     No

If yes, which year? \_\_\_\_\_ Which SABIS® Network school? \_\_\_\_\_

Mother's Maiden Name \_\_\_\_\_

How would you like to receive your copy of the SABIS® Newsletter?

Via Mail    Address \_\_\_\_\_

Via E-mail    Address \_\_\_\_\_

***Emergency Contacts Other than Parents***

Please list 2 people that can be contacted in case of accidents or other emergencies

Name 1 \_\_\_\_\_ Relationship \_\_\_\_\_

Phone \_\_\_\_\_

Name 2 \_\_\_\_\_ Relationship \_\_\_\_\_

Phone \_\_\_\_\_

I, the guardian, confirm that all the information contained in this application form is true

Name \_\_\_\_\_ Signature \_\_\_\_\_

## Registration Procedures for New Students:

- Collect the introductory file from the Administration for an initial overview of ISC-Koura and the SABIS® Educational System.
- You can either make an appointment to find out further information or you can simply ask for the application folder to complete the required documents for registration.
- A non-refundable joining fee must be paid.
- An interview or placement test is conducted.

### ***Please make sure you provide us with the following required essential documents:***

- Lebanese ID copy or Civil Status and Passport Copy
- Two Passport Photographs
- Previous School Report
- Medical Form stamped by your physician
- Guarantee Form

For students coming from within Lebanon:

- Passing Certificate from the previous school certified by the Ministry of Education
- Certified copy of the Brevet Certificate for the 1<sup>st</sup> Secondary students

For students coming from outside Lebanon:

- School passing certificates certified by the below listed authorities of the country in which the student pursued his/her education: (for the last 3 years)
  1. Ministry of Education
  2. Lebanese Embassy
  3. Ministry of Foreign Affairs
- Once in Lebanon the school passing certificates need to be certified by:
  1. Ministry of Foreign Affairs
  2. Ministry of Education - Equivalency Section

*Please note that a "Permission to Join the International Program" from the Ministry of Education is required for students who wish to join the non-Lebanese program.*