

**STUDENT APPLICATION FORM -----/-----**  
**PERSONAL DATA**

**GRADE: -----**

<b>Name in Arabic in accordance with residency papers for Non-Arabs.</b>			<b>الإسم الكامل وفقاً لبطاقة الهوية</b>
إسم الأب	إسم الأم	الشهرة	الإسم

First Name: ----- Family Name: -----  
 Date of Birth: ---/---/--- Place of Birth: ----- Country: ----- Sex: M  F   
 Nationality (ies): ----- First Language: ----- Other Languages: -----  
 Home Address: -----  
 ----- Home Tel/Fax: -----

**PARENTAL DATA**

**Father's Info**

**Mother's Info**

First Name: ----- Last Name: -----  
 Profession: ----- Company: -----  
 Work Address: -----  
 Work Tel: ----- Mobile: -----  
 Fax: -----  
 E-mail: -----

First Name: ----- Last Name: -----  
 Profession: ----- Company: -----  
 Work Address: -----  
 Work Tel: ----- Mobile: -----  
 Fax: -----  
 E-mail: -----

**SIBLING DATA**

Sibling: ----- Age: ----- School: -----  
 Sibling: ----- Age: ----- School: -----  
 Sibling: ----- Age: ----- School: -----

**EMERGENCY CONTACTS**

Guardian's Name: -----	Other Contact's Name: -----
Relationship to the Child: -----	Relationship to the Child: -----
Address: -----	Address: -----
Phone Number: -----	Phone Number: -----

**NURSERIES and PREVIOUS SCHOOLS**

Name: -----	Grade: -----	Nursery/School: -----
Name: -----	Grade: -----	Nursery/School: -----
Name: -----	Grade: -----	Nursery/School: -----

Have your child ever experienced any learning difficulties Yes  No   
 Have your child ever visited a Psychologist, a Speech Therapist, or an Occupational Therapist Yes    
 If yes, indicate name of Therapist: -----

Enrollment is effective only when acceptance has been granted by the school. The acknowledgement of payments made to the school does not constitute proof of acceptance. The school reserves the right to increase the fees stated in the Contract at any time, prior to the end of the school year. All fees paid to the school are not refundable under circumstances. I acknowledge that any holding of information related to behavior, health, mental or physical disability may result in a financial penalty and/or dismissal from school. I hereby submit the following application for admission to LWIS-AIS for the Academic Year -----/----- in accordance with the terms, rules, and regulations of the school. I understand that the school has the right to contact previous schools to check the references.

Signatory's Full Name: ----- Signature: ----- Signatory's  
 Relation to Applicant: ----- Date: -----