



STUDENT APPLICATION

New student

Returning student

(This form is very important as it allows us to assess changes of records, address etc. Please return ASAP)

FAMILY NAME: _____ EXPECTED DATE OF ENTRY: _____

GIVEN NAMES: _____ CITIZENSHIP: _____

DATE OF BIRTH: _____ / _____ / _____ VERIFICATION(COPY) BIRTH CERTIFICATE / PASSPORT
Day Month Year

NAME OF PARENT / GUARDIAN: _____

/ _____ / _____
(Title) Father's Name Occupation Company

/ _____ / _____
(Title) Mother's Name Occupation Company

LOCAL MAILING ADDRESS: _____

PHYSICAL ADDRESS: _____

Tel: Home _____ Work(Father) _____ Work(Mother) _____

Mobile Tel:(Father) _____ Mobile Tel:(Mother) _____

Email (Father): _____

Email (Mother): _____

ORGANIZATION RESPONSIBLE FOR THE FEES: _____

(company, government, personal, etc)

Another language is part of our program. What language would you like your child to study?

RUSSIAN _____ FRENCH _____ ARMENIAN _____ SPANISH _____

DATE

SIGNATURE

Do you want your information to be entered in the school directory?

Yes

No

SCHOOL HISTORY

List schools previously attended: (list last school first)

Level	Name of school	Location	Dates attended

Special interests or hobbies:

Has student been in any special program? YES/NO If YES, specify:

Please attach student's records from previous schools. If not available, please give full name and address of last school where records can be obtained.

FAMILY HISTORY

Parental information:

Full name	Occupation	Place of employment	Lives with student Yes/No
Father/Guardian			
Mother/Guardian			

Sibling Information: (brothers and sisters)

Name	Sex M/F	Date of Birth	Name	Sex M/F	Date of Birth

Additional information on family relationships: _____

LANGUAGE INFORMATION

Primary (first) language is: _____

Language spoken in home: _____

Secondary language: _____

Other: _____