



ADMISSION APPLICATION

Academic Year 20 /20

Applying for Admission to Grade _____

- 1- Complete the information on this form and return it to the registrar of Antonine International School.
- 2- Submit all the necessary documents with the completed application form. A list is enclosed in the registration folder.

STUDENT INFORMATION

Information conforms to the applicant's civil status register

الإسم	الشهرة	Home Phone
Student's Last Name	First Name(s)	Nationality(ies)
Address: Building	Street	City
		P.O.Box
Date of Birth (MM/DD/YY)	Place of Birth	Male <input type="checkbox"/> Female <input type="checkbox"/>
Religion	Rite	1 st language spoken at home
School(s) attended in the past three years _____		

The student is officially exempt from taking the Lebanese official exams (Brevet - Baccalaureate). Yes No
If yes, enclose a copy of the exemption document.

FAMILY INFORMATION	FATHER	MOTHER
Last and First Name(s)		
Nationality(ies)		
Religion / Rite		
School / Class / Graduation year If Antonine graduate, provide Alumni card n°.		
Diploma(s)		
Complete home address Building, Street, City, P.O.Box		
Home Phone		
Cellular Phone		
E-mail		
Occupation		
Complete work address Building, Street, City, P.O.Box		
Work Phone		
Address during the summer		

ADDITIONAL FAMILY INFORMATION

Father deceased
 Mother deceased
 Parents divorced
 Parents separated
 Parent(s) remarried
 Student lives with
 Both parents
 Father
 Mother
 Other (specify) _____

Are there any special circumstances (academic, social, or family) of which we should be aware?
If so, please explain.

APPLICANT SIBLING(S)

Last and First Name(s)	Current School, University or Occupation	Date of Birth

EMERGENCY CONTACTS

Last and First Name(s)	Relationship with the applicant	Phone number

TRANSPORTATION

Private
 School Bus
 Pedestrian

ADDITIONAL STUDENT INFORMATION

ACTIVITIES: List your extracurricular, community and recreational activities: scouts, volunteering, music band, parish commitment, etc...

ESSAY: Each applicant in G9 to G12 must write an essay on the following topic: Why do I want to attend an Antonine School?
Attach the essay to this application.

We hereby certify that the information on this application is correct.
We undertake to notify the institution of any subsequent changes.

Date: _____
 Month Day Year

 Parent/Guardian's Signature



STUDENT HEALTH RECORD

The information below must be updated annually so that we may contact you in case of an emergency.
If any information changes during the school year, kindly notify the school in writing immediately.

Student's Last Name	First Name(s)	Date of Birth (MM/DD/YY)	Male <input type="checkbox"/>	Female <input type="checkbox"/>
Address: Building	Street	City	Home Telephone	
Father's First Name(s)	Father's Cell Phone	Work Phone		
Mother's First Name(s)	Mother's Cell Phone	Work Phone		
Emergency Contact Name	Relationship with the applicant	Cell Phone		

HEALTH POLICY

Since your child's health and well-being are our responsibility and since each student's security is our priority, the Health Department has established a special policy that requires parent's adherence and participation.

- **Every sick child must not attend school.**
In case of absence for more than three days, a medical report is required.
In case of absence for less than three days, a justification note **written and signed** by the parents is sufficient.
- **Administering medications at school, considering the related policy,** should be limited and avoided except in case of emergencies, asthma, diabetes, attention deficit, etc...
If needed, the medication must be sent with the prescription that includes explicit instructions regarding the dosage.

MEDICAL CONSENT FORM

The school has a particular responsibility, in collaboration with the family, to take care of the health of the young which it is responsible for; in addition, it favors the sane development of their personality. Therefore, a written consent from the parents is required in order to help children in case of an emergency.

To whom it may concern

I, the undersigned _____ Father / Mother / Guardian of the student _____

in Grade _____

confirm that the school has my consent to give my child the necessary treatment in case of an incident.

If a serious accident occurs at school and my child has to be transferred to the hospital, when neither my spouse nor I are available, I authorize the school director to take the necessary measures.

Date: _____
Month Day Year

Signature of Parent / Guardian

Student's Last Name _____ First Name(s) _____ Grade _____

TO BE COMPLETED BY THE CHILD'S PHYSICIAN

Please check the appropriate box to indicate the health problems that your child is actually suffering or has previously suffered from. If your answer is "YES", please provide the necessary details in the space below.

Problem	Yes	No	Problem	Yes	No
Allergy (drug / food...)			Hyperactivity / Attention Deficit		
Asthma			Cardiac Diseases		
Diabetes			Infectious Diseases		
Learning Difficulties			Operations		
Epilepsy			Speech Problems		
Physical Handicap			Vision Problems		
Hospitalizations			Hearing Problems		

Indicate details about the problem(s) of which you have checked YES above or any problem(s) you would like the school to know about.

Check the convenient box below and provide details as needed.

Yes No The child needs to take medication regularly. If yes, specify. _____

Yes No The child may participate fully in the school program, including physical education.
If no, please list restrictions. _____

Yes No The child's immunization records are up-to-date. If no, give reason(s). _____

Complete the immunization record below.

VACCINATION	DATE OF ADMINISTERED INJECTIONS (MM/DD/YY)			
	1 st injection	2 nd injection	3 rd injection	Last Booster
DTP / POLIO				
ROR				
Hepatitis B				
Hepatitis A				
Varicella				
Meningococcal				
Pneumococcal				
Typhoid fever				
Td / Polio				
HPV				
Others				

Last and First Name of Child's Physician

Signature and Stamp of the Physician

Contact Details of the Child's Physician

Date: _____
Month Day Year