



إنترناشونال سكول الكورة
INTERNATIONAL SCHOOL - AL KOURA

Beitroumine, Fouad Sleiman Street
Al Koura, Lebanon

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بيترومين ، شارع فؤاد سليمان
الكورة ، لبنان

Upload Photo Here

Student Application Form

Student Information

FULL NAME _____
First Middle Last

D.O.B _____ SEX Male Female
Month Day Year

PLACE OF BIRTH _____

ADDRESS _____
Street

Building / Floor / Apartment #

Town / City

NATIONALITY (IES) _____

GRADE APPLYING FOR _____

APPROPRIATE PROGRAM Lebanese High school Special Needs

LANGUAGE (S) SPOKEN AT HOME _____



Family Information

MOTHER

FULL NAME _____ ALMUNUS?
First Middle Last If yes, provide year of graduation

HOME PHONE _____ MOBILE PHONE _____
to receive SMS from school

EMAIL _____ OTHER _____
to activate parent portal

HIGHEST EDUCATION LEVEL ATTAINED
High School / Baccalaureate BA / BS MA / MS PhD Other

CURRENT EMPLOYMENT STATUS JOB TITLE (IF APPLICABLE) _____
Employed Unemployed

MARITAL STATUS _____
Single Married Divorced Separated Remarried Spouse's Name

FATHER

FULL NAME _____ ALMUNUS?
First Middle Last If yes, provide year of graduation

HOME PHONE _____ MOBILE PHONE _____
to receive SMS from school

EMAIL _____ OTHER _____
to activate parent portal

HIGHEST EDUCATION LEVEL ATTAINED
High School / Baccalaureate BA / BS MA / MS PhD Other

CURRENT EMPLOYMENT STATUS JOB TITLE (IF APPLICABLE) _____
Employed Unemployed

MARITAL STATUS _____
Single Married Divorced Separated Remarried Spouse's Name

LEGAL GUARDIAN (IF APPLICABLE)

FULL NAME _____ ALMUNUS?
First Middle Last If yes, provide year of graduation

HOME PHONE _____ MOBILE PHONE _____

EMAIL _____ OTHER _____

WILL THE STUDENT BE RESIDING WITH THIS PERSON WHILE ATTENDING I . S . ?
Yes No



SIBLINGS

Name MM / DD / YY M / F School Attending (if applicable)

PLEASE LIST BELOW SIBLINGS AND/OR FAMILY MEMBERS WHO HAVE ATTENDED I . S .

Name / Relation Years Attended

Education History of Candidate

Please list below previous nursery, preschool and/or school(s) the applicant has attended:

Name of School Country / Location Grade Level(s) Academic Year (from/to)

Emergency Contact Details

Please provide names of the individuals who have permission to collect your child from school during school hours when a parent and/or legal guardian are unable to:

FULL NAME _____
First Middle Last

HOME PHONE _____ MOBILE PHONE _____

EMAIL _____ OTHER _____

Declaration

I hereby attest that all information provided is complete and true. I am applying to the I.S. for the admission of the student named on page one (1) for the academic year_____.

NAME [PLEASE PRINT] _____ DATE _____

SIGNATURE _____

Digital Signature or Initials



For Administrative Use Only

GENERAL COMMENTS & IMPRESSIONS

RECOMMENDATIONS

ADMINISTRATOR NAME & SIGNATURE _____

DATE _____
Day / Month / Year

DATE APPLICATION APPROVED _____
Day / Month / Year

FAMILY CODE :

START DATE _____
Day / Month / Year

ACCEPTED TO GRADE & SECTION :