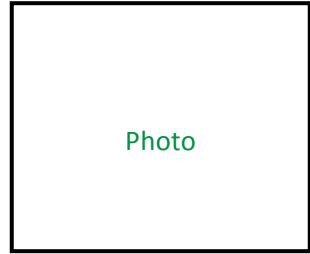




EMAIL: INFO@LISABJ.ORG

TEL. NO.: 85532840, 67475325

LUKE INTERNATIONAL SCHOOL



APPLICATION FOR ADMISSION

DATE OF APPLICATION: _____

NAME OF THE STUDENT: _____

DATE OF BIRTH: _____ PLACE OF BIRTH: _____
Last First Middle
Day Month Year

NATIONALITY: _____

PROPOSED DATE OF ENROLLMENT _____ GRADE: _____

ENGLISH LANGUAGE PROFICIENCY: { SPOKEN: Fluent _____ Good _____ Poor _____
WRITTEN: Fluent _____ Good _____ Poor _____

OTHER LANGUAGE(S): _____ { SPOKEN: Fluent _____ Good _____ Poor _____
WRITTEN: Fluent _____ Good _____ Poor _____

PERMANENT MAILING ADDRESS: _____

ADDRESS IN COTE D'IVOIRE: _____

SCHOOLS PREVIOUSLY ATTENDED:

Name of School (s)	Grade/Class	Date(s) of Attendance	Language of Instruction
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

FATHER'S NAME: _____ PROFESSION: _____



MOTHER'S NAME _____ PROFESSION: _____

PHONE NUMBER: _____ EMAIL: _____

FATHER'S EMPLOYER: _____

Has the student received special services of any kind? (Examples might include: Speech therapy or other language support; enrollment in a gifted and talented program; identified as having a learning difficulty) Yes / No (If yes, please specify and attach documentation)

Has the student taken part in psychological or educational diagnostic testing? Yes / No (If yes, please specify and attach documentation)

Has the student been dismissed or withdrawn from another school for any reason? Yes / No (If yes, please explain the circumstances)

Please describe any other factors, conditions or circumstances that might impact your child's learning or behavior at our school: _____

SIBLINGS INFORMATION:

Name	Sex	Age	Grade

I (We), the undersigned _____ certify that the information in this application is true and accurate to the best of my knowledge. I (we) also agree to abide by the rules and regulations of the school as stipulated in the LIS Student-Parent Guidelines.

DATE: _____

SIGNATURE OF ONE PARENT: _____