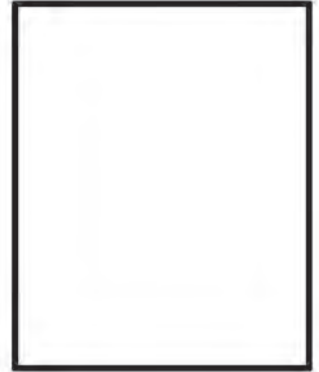




SAGESSE HIGH SCHOOL
Mary Mother of Wisdom
Ain Saadeh - Metn, Lebanon

Student Application



Name of Applicant: _____

Academic Year: _____ / _____

Candidate for Grade: _____

- Program: **Lebanese Program (L.P.)**
 American Program (A.P.)
 International Baccalaureate Diploma Programme (IBDP)

FOR OFFICE USE ONLY					
Application FEE	D.F.	Sibling at SHS	Requirements		SIS
			<input type="checkbox"/> Photo <input type="checkbox"/> ID	<input type="checkbox"/> Grades <input type="checkbox"/> Exemption	<input type="checkbox"/> Recommendation Letter



This application must be completed in full by the applicant's parent or legal guardian and returned to the Admissions Office.
If the mandatory sections which are marked with * are not filled in, then the application will not be processed.

STUDENT INFORMATION

Name of applicant as it appears on official documents written in English (BLOCK LETTERS)

First	Middle	Father's Name	Family Name
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Name of applicant in Arabic as it appears on Arabic official documents

Family Name	Father's Name	Middle	First
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Date of Birth _____ / ____ / ____ Place of Birth _____ Female Male
Day/Month/Year

Religion _____ Rite _____

Nationality(ies) of Applicant _____

Student's Address (In Lebanon) _____

Street	Building	Fl./Apt.
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City	Country	Postal Code
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Home Phone Number _____ Mobile Number for School SMS Messages _____

Language(s) Spoken at Home _____

Previous Day Care Center(s), Nursery(ies), and/or School(s) attended (Preschool and Grade 1)

Name of Center/Nursery/School	Country	Dates Attended (from - to)
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Name of Center/Nursery/School	Country	Dates Attended (from - to)
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Previous Schools Attended (Most recent first)

	Name of School (s)	Country	Grade Level(s)	Dates Attended (from - to)	Reason(s) for Leaving
1.	_____	_____	_____	_____	_____
2.	_____	_____	_____	_____	_____
3.	_____	_____	_____	_____	_____

FAMILY INFORMATION

Father/Stepfather

(Circle choice) Title Family Name First Middle

Date of Birth _____ / _____ / _____ Place of Birth _____ Nationality(ies) _____
Day/Month/Year

Religion _____ Rite _____

Highest Educational Level Attained:
 High School/Baccalaureate BA/BS MA/MS PhD Other
 Degree in _____

Mailing Address _____
Street Building Fl./Apt.

_____ City Country

E-mail Address _____ P.O. Box _____

Home Phone Number _____ Mobile Number _____

Employer/Type _____ Position/Job Title _____

Business Address _____
Street Building Fl./Apt. Country

Business Phone Number _____ Fax Number _____ Signature _____

Mother/Stepmother

(Circle choice) Title Family Name (Maiden) First Middle

Date of Birth _____ / _____ / _____ Place of Birth _____ Nationality(ies) _____
Day/Month/Year

Religion _____ Rite _____

Highest Educational Level Attained:
 High School/Baccalaureate BA/BS MA/MS PhD Other
 Degree in _____

Mailing Address _____
Street Building Fl./Apt.

_____ City Country

E-mail Address _____ P.O. Box _____

Home Phone Number _____ Mobile Number _____

Employer/Type _____ Position/Job Title _____

Business Address _____
Street Building Fl./Apt. Country

Business Phone Number _____ Fax Number _____ Signature _____

Please check status:

Parents are married and living together Parents are divorced Mother is remarried _____
NAME OF STEPFATHER

Single parent Parents are separated Father is remarried _____
NAME OF STEPMOTHER

Widow Widower

In case of separation or divorce, with whom will the student reside while attending Sagesse High School?
 (Provide a copy of the legal custody document indicating Financial agreement).

Check what applies: Mother Father Stepmother Stepfather Other _____
(Specify)

Guardian _____
Family Name First Name Middle Name

Relationship to Applicant _____
(If parents do not reside in Lebanon)

Mailing Address _____
Street Building Fl./Apt.
City Country P.O.Box

Home Phone Number _____ Mobile Number _____ Work Phone Number _____

E-mail Address _____ Fax Number _____

Authorized person(s) who have your permission to collect your child(ren) from school:

1. _____
Full Name Relationship to Applicant Phone Number(s) during School Hours
2. _____
Full Name Relationship to Applicant Phone Number(s) during School Hours

Brothers & Sisters (If Applicable)

Name	Date of Birth	Grade Level	M / F	Current school

SPECIAL EDUCATION *

1. Did the applicant benefit from any special needs services? Yes No
If yes, then check any special educational services the applicant has benefited from.
Speech and Language Psychomotor Therapy Individualized Educational Plan (IEP) Other, (Explain and provide relevant reports)
2. Has the applicant undergone any psycho-educational or neuropsychological formal assessment? Yes No
(If yes, provide copies of all test results)
3. List any kind of difficulty the applicant has experienced in his/her previous school(s)?

4. Is the applicant currently taking any medications? Yes No
(If Yes, please explain)

ADDITIONAL INFORMATION

1. List below family members who have attended or worked at Sagesse High School:

Family Members	Relationship	Years attended / worked

2. List the applicant's special interests, awards, and accomplishments:

3. If there is additional information concerning the applicant that should be provided to Sagesse High School, explain below:*
4. How did you know about Sagesse High School?

5. Why are you applying to Sagesse High School?

REQUIREMENTS

Requirements for Application

1. Completed Sagesse High School Student Application Form
2. Completed Medical Form with a copy of vaccination card for Preschool, Elementary and Intermediate Division applicants
3. Copy of a Personal Civil Status (Ikhraj Keid)
If the candidate holds other nationality(ties), copies of all passports must be provided to the school
4. Copy of Family Civil Status (Family Ikhraj Keid)
5. Four passport size photos
6. Copy of baptismal certificate if applicable (for Preschool and Lower Elementary)
7. Copy of the school report cards or transcripts of the three previous academic years
8. For applicants to grade 4 and up, a recommendation letter from the principal, describing the applicant's academic performance & conduct
The recommendation should be emailed by the previous school to: recommendation@sagessehs.edu.lb
9. For Special Needs applicants, a completed Special Needs Application Form and all relevant assessment reports must be submitted
10. A non-refundable application fee of **\$200** either in cash or by check payable to Sagesse High School

Requirements for Admission

1. A personal and family interview
2. An entrance placement examination starting grade 1 candidates
3. An acceptance letter (from the School Administration)

Requirements for Registration for All Applicants

1. A non-refundable development fund fee of **\$1000** per family in cash or by check, payable to Sagesse High School, within two weeks of the issue of the acceptance letter
2. Local Applicants / Local Transfers
 - Must provide a copy of their final report card or transcript
 - Must provide an original official attestation from their previous school stating the completion of their academic year with good conduct, certified by the Lebanese Ministry of Education and Higher Education
 - In case applicants are joining the American Program or the IBDP, they must provide a certified copy of their exemption from the Lebanese Ministry of Education and Higher Education
3. International Applicants / International Transfers
 - Must provide a copy of their final report card or transcript
 - In case applicants are joining the American Program or the IBDP, they must provide a certified copy of their exemption from the Lebanese Ministry of Education and Higher Education

The enrollment is effective only when an acceptance letter is issued by the school. The acknowledgement of non-refundable payments made to the school does not constitute proof of acceptance. The school reserves the right to increase the fees stated in the contract.

Tuition fees are non-refundable and non-transferable under any circumstances.

I hereby apply for admission of the applicant named above to Sagesse High School for the academic Year _____ in accordance with the terms, rules, and regulations of the school.

I hereby certify that the information I provided for this application is accurate and I undertake to notify Sagesse High School of any subsequent changes.

Date _____ Signature _____

Entrance Exam Results

Subject	Grade	Date	Grade	Date
English				
Math				
Arabic				

Admission Committee Recommendation: **Accepted** **Not Accepted** **On Probation**

Comments:

Date of Application:	Date of Registration:
Accounting:	Accounting:
Application Fee Receipt Number:	D.F. Receipt Number:

Sagesse High School enrolls students without regard to race, creed, national origin, gender or religious belief.
 Chartered by the Maronite Archdiocese of Beirut / Licensed by the Lebanese Ministry of Education and Higher Education /
 Authorized IB World School / Accredited by the Middle States Association
 Commissions on Elementary and Secondary Schools / Accredited by the World Academy of Sport

Ain Saadeh - Metn, Lebanon. Tel: **961 [1] 872 145 /6/7/8** Fax: **961 [1] 872 149**
 E-mail: admissions@sagessehs.edu.lb Website: www.sagessehs.edu.lb



Medical Form

PLEASE PASTE RECENT
PASSPORT SIZE PHOTO
OF APPLICANT HERE

Academic Year: _____ / _____

PARENTAL APPROVAL TO ADMINISTER HEALTH CARE AT SCHOOL

Name of student: _____
Family First Middle Father's Name

Birth Date _____ / _____ / _____ Gender Female Male Grade _____ Blood Type
Day/Month/Year

Home Phone Number _____ Mother's Mobile _____ Father's Mobile _____

Name of Pediatrician or Family Doctor _____
Full Name Clinic Phone

Person(s) to contact in case of emergency if parents or guardians are unreachable:

Name _____ Relation _____ Telephone Number _____

Name _____ Relation _____ Telephone Number _____

The school will not administer any medication nor provide any health care or screening to children without written permission from their parents. Please complete this form for our medical records. For clarifications, do not hesitate to contact our school nurse.

I hereby authorize

- the school nurse to administer **over-the-counter medicines** (e.g. analgesic, antipyretic, cough medicines, throat lozenges...) or antiseptic agents for wounds.
- the school nurse to release information contained in this document to other health professionals or school administration whenever it is medically necessary for the care of my child.
- the school medical staff to perform a screening exam (height, weight measures, dental, vision, etc.) on my child when such screening is taking place.
- the doctor selected by the school to secure and administer treatment, including hospitalization, for my child in case I cannot be reached in an emergency.

Information requested herein and the school screening examination is not a replacement of your child's physician's medical assessment.

Signature acknowledges that I have read and understood all the above

Parent's / Guardian's Name

Parent's / Guardian's Signature

Date

STUDENT'S MEDICAL RECORD

1. History*: To be completed by parent / guardian or family doctor.

Check any of the following the student has or may have had: *

- | | |
|--|---|
| <input type="checkbox"/> Abnormal bleeding/bruising | <input type="checkbox"/> Hospitalization |
| <input type="checkbox"/> Anemia, Sickle-cell disease | <input type="checkbox"/> Measles |
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Mumps |
| <input type="checkbox"/> Broken bone(s)/stress fracture | <input type="checkbox"/> Rubella |
| <input type="checkbox"/> Concussion or head injury | <input type="checkbox"/> Positive PPD (Tuberculosis skin test) |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Renal problem(s) |
| <input type="checkbox"/> Dislocation (shoulder, etc.) | <input type="checkbox"/> Scoliosis (curvature of spine) |
| <input type="checkbox"/> Hearing problem or impairment | <input type="checkbox"/> Seizures |
| <input type="checkbox"/> Eye or vision problems | <input type="checkbox"/> Single organ(s) |
| <input type="checkbox"/> Fainting with or without exercise | <input type="checkbox"/> Skin problems |
| <input type="checkbox"/> Heat stroke or heat exhaustion | <input type="checkbox"/> Hypoglycemia |
| <input type="checkbox"/> Hepatitis/Jaundice | <input type="checkbox"/> Sudden death in the family before age 35 |
| <input type="checkbox"/> High blood pressure | <input type="checkbox"/> Surgery (ies) |
| <input type="checkbox"/> Heart problems | <input type="checkbox"/> Tuberculosis |

Please give dates and explanation for the checked conditions in the space provided below: *
(Use extra sheet if needed)

2. Allergy(ies) *

- | | | |
|--------------------------------------|--------------------------------------|---|
| <input type="checkbox"/> Medications | <input type="checkbox"/> Respiratory | <input type="checkbox"/> Food Intolerance: <input type="radio"/> Nuts <input type="radio"/> Lactose <input type="radio"/> Gluten <input type="radio"/> Others |
| <input type="checkbox"/> Bee sting | <input type="checkbox"/> Pollen | <input type="checkbox"/> Others _____ |

(Please explain and indicate the medicine the child is taking for the allergy)

3. Immunization*: Attach a copy of recent vaccination records and complete the following:

	Date of Booster	Date of Next Booster
<input type="checkbox"/> Diphtheria, Tetanus, Pertusis, Polio	_____	_____
<input type="checkbox"/> Hepatitis B	_____	_____
<input type="checkbox"/> Measles, Mumps, Rubella	_____	_____

4. Medications*: Check in case your child is taking any of the following medications and write the doses given.

- | | |
|--|-------------|
| <input type="checkbox"/> Ritalin | Dose: _____ |
| <input type="checkbox"/> Depakene | Dose: _____ |
| <input type="checkbox"/> Ventolin | Dose: _____ |
| <input type="checkbox"/> Other, please specify | _____ |

5. Ability to participate in Physical Education*: Yes No If No, please submit a medical report.

Parent's / Guardian's Name

Parent's / Guardian's Signature
verifying above information

Date