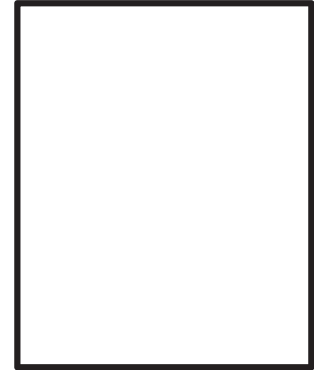




SAGESSE HIGH SCHOOL
Mary Mother of Wisdom
Ain Saadeh - Metn, Lebanon

Student Application



This is a clickable photo.
Click and upload the picture
from your files

Name of Applicant:

Academic Year:

Candidate for Grade:

Program: **Lebanese Program (LP)**
American Program (AP)
International Baccalaureate Diploma Programme (IBDP)

FOR OFFICE USE ONLY			
Application FEE	D.F.	Sibling at SHS	SIS



STUDENT INFORMATION

This application must be completed in full by the applicant's parent or legal guardian and returned to the Admissions Office.

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

First

Middle

Father's Name

Family Name

Name of applicant in Arabic as it appears on Arabic official documents

Family Name

Father's Name

Middle

First

Date of Birth

Day/Month/Year

Place of Birth

Religion

Rite

Female

Male

Nationality(ies) of Applicant

Student's Address
(In Lebanon)

Street

Building

Fl./Apt.

City

Country

Postal Code

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

FAMILY INFORMATION

Father/Stepfather

(Circle choice)

Title
(الصفة)

Family Name
(اسم العائلة)

First
(الاسم)

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

E-mail Address

Home Phone Number

Mobile Number

Employer/Type

Position/Job Title

Mother/Stepmother

(Circle choice)

Title
(الصفة)

Family Name
(اسم العائلة)

First
(الاسم)

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

E-mail Address

Home Phone Number

Mobile Number

Employer/Type

Position/Job Title

Please check status:

Parents are married and living together

Parents are divorced

Mother is remarried

NAME OF STEPFATHER

Single parent

Widower

Parents are separated

Father is remarried

NAME OF STEPMOTHER

Widow

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)

Home Phone Number

Mobile Number

E-mail Address

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
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2.

Full Name	Relationship to Applicant	Phone Number(s) during School Hours
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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

REQUIREMENTS

1. Copy of Vaccination Records
2. Copy of a Personal Civil Status (Ikhraj Keid)
3. Copy of Family Civil Status (Family Ikhraj Keid)
4. Copy of valid foreign passport
5. Copy of residency abroad
6. Copy of last entry stamp into Lebanon if applying from abroad
7. Copy of the school report card from the previous year
8. For applicants from Grade 4 and above, a recommendation letter from the principal of the previous school on behavioral conduct
9. For Special Needs applicants, submission of all relevant assessment reports
10. A non-refundable application fee of **USD 100**
11. Once accepted and issued an acceptance letter, payment of the non-refundable School Development Fund (SDF) per family:
 - KG1 to Gr10 LP/AP **USD 1500**
 - Gr11 LP/AP to IB2/Gr12 LP/AP **USD 2000**

Admissions Procedure

1. Submission of Application form, medical form, all required documents, and payment of Admissions Fees
2. Interview for all applicants with respective Head of Division
3. Review of applicant file by Admissions Committee
4. Entrance exam on-site for all applicants from Grade 1 to Grade 12, Interview on-site for all Pre-School applicants
5. Review of results by Admissions Committee
6. Issuance of acceptance letter to accepted applicants
7. Payment of the SDF to confirm registration

Requirements for registration for all applicants:

Local Applicants / Local Transfers

All applicants from Grade KG2 to Grade 12 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 that the school is affiliated with

- **American Program:** In case applicants are joining the American Program or the IBDP, they must provide a certified copy of the original exemption from the Lebanese Ministry of Education and Higher Education UNESCO office.
- **Lebanese Program:** In case applicants are joining the Lebanese Program from Secondary 1 onwards, they must provide a passing grade certificate of the Lebanese official exam of Grade 9 (Brevet)

International Applicants / International Transfers

- If applying to the AP/IBDP programs, original report cards of the last 3 academic years from their previous school(s) must be certified in the following places:
 1. Ministry of Education/Notary office abroad
 2. Ministry of Foreign Affairs abroad
 3. Lebanese Embassy/Consulate abroad
 4. Lebanese Ministry of Foreign Affairs
 5. Lebanese Ministry of Education and Higher Education- UNESCO office

Applicants joining the American Program or the IBDP must provide a certified copy of the original that they receive from UNESCO verifying their exemption from the Lebanese Program.

The enrollment is effective only when an acceptance letter is issued by the school.

The acknowledgment 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 **2025/2026** 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.

Parent/Guardian Name

Parent/Guardian Signature

Date

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

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: **2025/2026**

PARENTAL APPROVAL TO ADMINISTER HEALTH CARE AT SCHOOL

Name of student:

DOB _____ Day/Month/Year
Family (العائلة) _____
Gender Male _____ Female _____
First (الاسم) _____
Middle (الاسم) _____
Grade _____
Father's Name (اسم الأب) _____
Blood Type

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

Name of Pediatrician or Family Doctor

Full Name (الاسم الكامل) _____ Clinic (العيادة) _____ Phone (الهاتف) _____

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: *

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

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

2. Allergy(ies) *

Medications	Respiratory	Food Intolerance:	Nuts	Lactose	Gluten	Others
Bee sting	Pollen	Others				

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

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

Ritalin	Dose:
Depakene	Dose:
Ventolin	Dose:
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