NATIONAL EVANGELICAL INSTITUTE
FOR GIRLS & BOYS
P.O. Box 11 - 16112010 - Saida - Lebanon
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STUDENT APPLICATION FORM

Recent Photo

School Year	
Class	
Program	☐Lebanese ☐American System

Student Personal Information (as in Passport or ID)

First Name_____ Father's Name_____ Last Name_____

Name in Arabic:_____ Nationality_____ 2nd Nationality_____

Gender: ☐Female ☐Male Date & Place of Birth _____ _____
dd/mm/yyyy *place of birth*

School Attended_____ Religion & Sect_____

Student Address Details

Student Address _____ / _____
قضاء/District مدينة/City

_____ / _____
اسم الشارع/Street Name البناية والطابق/Building & Floor

Landline Number_____ Mobile Number_____ Mobile Number_____
sms

Special Cases (if applicable)

Child lives with: ☐Mother Only / ☐Father Only / ☐Other (please specify)_____

Parent Information

Father's Name_____ Occupation_____

Education(School, University)_____ ☐NEIGB Graduate

Nationality_____ Address_____

Email_____ Work Tel._____ Mobile_____

Mother's Full Name_____ Occupation_____

Education(School, University)_____ ☐NEIGB Graduate

Nationality_____ Address_____

Email_____ Work Tel._____ Mobile_____

Guardian's Name (if any)_____ Relationship to Child_____

Address_____ Mobile_____

Student Academic Profile

School Name	From / To	Class

How did you hear about our school?

☐Friend ☐Alumni/Graduate ☐Social Network ☐Website ☐School Staff ☐Siblings
☐Family Member ☐Other(please specify)_____

Health Information

Allergic Reactions

Food(specify)_____
Medication (Specify)_____
Other (Specify)_____

Chronic Conditions

☐Asthma ☐Diabetes ☐Hypertension
☐Seizures ☐Heart Disease
Other_____

Emergency Contact (other than parents)

Name_____ Relationship to Child_____
Address_____ Mobile Number_____
In case of emergency where instant action is required,
do you allow the school to proceed to aid your child? ☐Yes ☐No

Means of Transportation

Would you like to use the school bus? ☐Yes / ☐No
☐Full / ☐Partial (☐Morning / ☐Afternoon)
Home Address (if different than contact info): (Morning)_____
(Afternoon)_____

I undertake to abide by the rules and regulations set by NEIGB.
Signature of consent_____ Date_____
dd/mm/yyyy

Administration Use Only

Admission's Office Notes:_____
_____
_____
Principal's Notes: _____
_____
_____

Date_____ Signature_____