

بسم الله الرحمن الرحيم

Giza governorate  
Dokki directorate  
La Rose De Lisieux Schools  
Tel :  
0237494545  
0237621069  
0237602128



محافظة الجيزة  
مديرية التربية والتعليم  
إدارة الدقى التعليمية  
مدرسة لاروز دى ليزيه للغات

Has the student attended a nursery ?	
Students syblings age and school	Name : School : year group Name : School: year group
Club (s) Member ship	
Phone numbers in case of emergency	
Will the student use the school bus?	Yes ( ) No ( )
Does your son / daughter take any medication?	
Comment and remarks for administration only	

Date of application / /  
School principal  
.....

Parent / Guardian signature  
.....

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**Student Enrollment Application Request**

**Year / /20**

<b>Student's name :</b>	
<b>Religion / Nationality</b>	/
<b>Date of birth / Place:</b>	
<b>Age on 1<sup>st</sup> of October :</b>	<b>Year      Month      Day</b>
<b>The academic year intended for the student :</b>	
<b>Home address in Full :</b>	
<b>Name of the student's father :</b>	
<b>Education degree and University :</b>	
<b>Occupation / Company name :</b>	
<b>Mobile number :</b>	
<b>Name of student's mother :</b>	
<b>Education degree and University:</b>	
<b>Occupation / Company name :</b>	
<b>Mobile number :</b>	
<b>Parental Social status :</b>	<b>Widowed( ) married ( ) divorced ( )</b>