

LeRêve School of Arts INTERNATIONAL

APPLICATION FOR ADMISSION

Student Information

Name					
LAST		FIRST		MIDDLE	
Preferred Name					
Date of Birth	/ /		Age	Gender	Female / Male
MONT	'H DAY	YEAR			
Current Grade			Applying for Grade		
Country of Citizenship					
Email Address					
Phone					
Home Address					
Current Schoo	ol				
School Name					
School Type			Grades Completed	🗆 Grade 9 🛛 Grad	de 10 🗌 Grade 11 🗌 Grade 12

School Type	Grades Completed	Grade 9 Grade 10 Grade 11 Grade 12
Date Started	Date End	
School Address		
School Phone		

Previous School

School Name		
School Type	Grades Completed	Grade 9 Grade 10 Grade 11 Grade 12
Date Started	Date End	
School Address		
School Phone		



Family Information

Father	
Name	
Email Address	
Mobile Phone	Company
Work Phone	Position
Mother	
Name	
Email Address	
Mobile Phone	Company
Work Phone	Position
Siblings	
Name	Age
School	
Name	Age
School	
lawful release of all academic records, test se	ereby agree they filled everything out accurately and honestly and authorize the cores, and other materials required for the admissions process.
Name of Students :	Date :
Name of Parents :	Date :

Additional Information

Test Score	
TOEFL	Duolingo
SSAT	ISEE



Please list any allergies, physical, or medical conditions that others should be aware of: