



Application for Admission

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 Website: http://www.cacegypt.org

RECENT
PHOTO

Student Information

Name: Last	First	Middle	Nickname
Date of Birth: Month	Day	Year	Gender: Male <input type="checkbox"/> Female <input type="checkbox"/>
Citizenship:		Passport #:	
Does your child hold any other passport? Yes <input type="checkbox"/> No <input type="checkbox"/>		If yes, specify country of issue:	
This Student is Applying for Admission to Grade:		Expected Start Date:	

Have you previously submitted an application to CAC? Yes No

Parent Information

	Father	Mother
Name	_____	_____
Home Address in Cairo	_____	_____
Home Telephone	_____	_____
Citizenship	_____	_____
Marital Status	_____	_____
Occupation	_____	_____
Employer	_____	_____
Business Address	_____	_____
Business Telephone	_____	_____
Email	_____	_____
Mobile Phone	_____	_____
CAC Affiliation (if any)	_____	_____

In Case of Emergency (if parents unreachable), contact:

Name/Relationship _____
 Telephone _____

In whose name should tuition invoices be issued? Father Mother Organization

Other Children in the Family

First Name	Date of Birth	Gender	CAC Student
_____	_____	<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> Yes <input type="checkbox"/> No

Language(s) most commonly spoken at home: _____

Last previous school: _____ Class size: _____

School Location: (City, State, Country): _____

Date attended: From _____ To: _____

Last grade completed: _____ Date completed: _____ Language of instruction: _____

School History (list all schools attended, most recent first)

Name of School	City, Country	Curriculum	Language of Instruction	Years Attended
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

	YES	NO	
Has your child ever skipped a grade	<input type="checkbox"/>	<input type="checkbox"/>	What Grade(s) _____
Has your child ever been retained	<input type="checkbox"/>	<input type="checkbox"/>	

Has your child ever been identified as (if yes to any of the below, please include a separate sheet providing details):

	YES	NO		YES	NO
Attention Deficit Disorder/Hyperactive	<input type="checkbox"/>	<input type="checkbox"/>	Developmentally Delayed	<input type="checkbox"/>	<input type="checkbox"/>
Speech and Language Disordered	<input type="checkbox"/>	<input type="checkbox"/>	Emotionally Handicapped	<input type="checkbox"/>	<input type="checkbox"/>
Having Behavioral Problems	<input type="checkbox"/>	<input type="checkbox"/>	Learning Disabled	<input type="checkbox"/>	<input type="checkbox"/>
Having Difficulty with School Adjustment	<input type="checkbox"/>	<input type="checkbox"/>	Slow Learner	<input type="checkbox"/>	<input type="checkbox"/>

Has your child received any of the following services (if yes, please include a separate sheet providing details):

	YES	NO		YES	NO
Gifted/Talented	<input type="checkbox"/>	<input type="checkbox"/>	ESL	<input type="checkbox"/>	<input type="checkbox"/>
Learning Support	<input type="checkbox"/>	<input type="checkbox"/>	Tutor	<input type="checkbox"/>	<input type="checkbox"/>
Speech/Language	<input type="checkbox"/>	<input type="checkbox"/>	Physical Therapy	<input type="checkbox"/>	<input type="checkbox"/>
Remedial Math (e.g. Chapter I)	<input type="checkbox"/>	<input type="checkbox"/>	Occupational Therapy	<input type="checkbox"/>	<input type="checkbox"/>
Remedial Reading (e.g. Chapter I)	<input type="checkbox"/>	<input type="checkbox"/>	Supplemental Testing (e.g. psycho-educational)	<input type="checkbox"/>	<input type="checkbox"/>
Full Time Special Education	<input type="checkbox"/>	<input type="checkbox"/>	Special Education Assistance in the Classroom	<input type="checkbox"/>	<input type="checkbox"/>
Assisted by a Teacher's Aide	<input type="checkbox"/>	<input type="checkbox"/>	Counseling	<input type="checkbox"/>	<input type="checkbox"/>
Modifications (courses, tests, assignments)	<input type="checkbox"/>	<input type="checkbox"/>			

If received any other services (please explain): _____

	YES	NO	Please list and indicate reason:
Is your child currently taking any medication?	<input type="checkbox"/>	<input type="checkbox"/>	_____

Describe any physical problems, disabilities, or limitations your child may have:

Is there anything else you would like us to know about your child, including interests and hobbies?

- I hereby apply for the admission of the above named student to CAC and agree that my child and I will abide by all the rules and regulations of the school.
- I authorize CAC to administer all testing deemed appropriate by school personnel to assess my child's academic skills, educational needs, and progress during the term of my child's stay at the school.
- My child and I have reviewed Policy #8.4023 and are aware that enrollment in CAC includes random drug testing in grades 8-12.
- I/we consent to allow Cairo American College to use photographs and videos of my child on the CAC website and/or for CAC public relations purposes, with the understanding that at no time will my child's name appear in association with said photographs and/or videos without my express written permission.
- I/we certify that the information provided above is complete and correct and authorize Cairo American College to request further information from teachers/counselors/administrators for verification. I/we understand that if any information gained by Cairo American College through interviews or further reports does not match the information provided in this application, any offer of admission may be revoked. If the student has already been enrolled, he/she may be exited from CAC with no refund.

Signature of Parent or Guardian _____ Date _____

Student's Signature (if applying for grade 6-12) _____ Date _____

***For information regarding bus transportation please contact Motor Pool Manager at 2755-5567 or melghalban@cegypt.org**