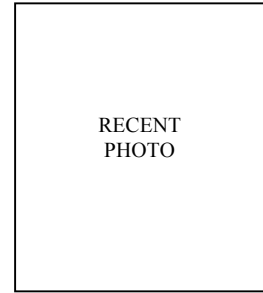


CAIRO AMERICAN COLLEGE

P.O. Box 39 – Maadi, Cairo 11431

Application for Admission

Telephone: Switchboard +(20)(2) 2755-5555
Admissions +(20)(2) 2755-5507/08
Fax: +(20) (2) 2519-6584
E-mail: registrar@cacegypt.org
CAC home page: http://www.cacegypt.org



STUDENT INFORMATION:

Last Name: _____ First Name _____ MiddleName _____ Nickname _____

Birthdate: Month _____ Day _____ Year _____ Sex _____

Citizenship: _____ Passport No.: _____ Date Issued: _____

This Student is Applying for Admission to Grade: _____ Start Date: _____

PARENT INFORMATION:

Father

Mother

Name: _____

Address in Cairo: _____

Home Telephone: _____

Citizenship: _____

Occupation: _____

Employer: _____

Business Address: _____

Business Telephone: _____

Fax Number: _____

E-mail: _____

Mobile Phone: _____

In case of emergency (if parents unreachable), notify

Telephone: _____

In whose name should tuition invoices be issued?
Have you previously submitted an application to CAC?

Father Mother Organization
 Yes No

Other Siblings in the Family

<u>Name</u>	<u>Date of Birth</u>	<u>Residing in Cairo</u>		<u>CAC Student</u>	
_____	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
_____	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
_____	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
_____	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<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: _____

Please turn over →