

# 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>

RECENT  
PHOTO

### 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: \_\_\_\_\_

Will this pupil require bus transportation?\*  Yes

No

Not sure at this time

In whose name should tuition invoices be issued?  Parent

Organization

In case of emergency, notify: \_\_\_\_\_

Telephone: \_\_\_\_\_

Where should school correspondence be sent?  Home

Office

### Other Children in the Family

Name

Date of Birth

Residing in Cairo

CAC Student

\_\_\_\_\_

\_\_\_\_\_

Yes  No

Yes  No

\_\_\_\_\_

\_\_\_\_\_

Yes  No

Yes  No

\_\_\_\_\_

\_\_\_\_\_

Yes  No

Yes  No

\_\_\_\_\_

\_\_\_\_\_

Yes  No

Yes  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 →

\*If yes, please contact Motor Pool Manager at 2755-5562 or [gabelna@cacegypt.org](mailto:gabelna@cacegypt.org)