



APPLICATION FOR THE BENGAZI EUROPEAN SCHOOL

Office Use only
Application Form No: _____

Surname: _____

First Name: _____

Date of Birth: _____ Nationality: _____

Sex: _____ Mother Tongue: _____

Contact Number: _____

E Mail address: _____

Languages spoken with: Father _____ Mother _____ Siblings _____

Languages Spoken:	A little	Moderately	Fluently	Written
1. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Name of School attended	Country	Language of Instruction	Years at School	Year Begun/Completed
1. _____	_____	_____	_____	/
2. _____	_____	_____	_____	/
3. _____	_____	_____	_____	/

For Office Use Only

Applying for entry into Year _____

Date of Interview: _____

Result of Interview: Entrance test to be taken or not: _____

Date of Entrance Exam: _____

Results of Entrance Exam:

English: _____ Maths: _____

Decision: Accepted _____ Not Accepted _____

Reason: _____
