

# Lycée Albert Camus

**NEWGIZA**  
enseignement français de la maternelle à la terminale

## APPLICATION FORM FOR ADMISSION FRENCH PASSERELLE

Student's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Current Grade \_\_\_\_\_

Applying for enrolment Year \_\_\_\_\_ Applying for Grade \_\_\_\_\_

### STUDENT'S LANGUAGES

What is the main language spoken at home? \_\_\_\_\_

Other spoken languages – Language 1 \_\_\_\_\_  
Language 2 \_\_\_\_\_  
Language 3 \_\_\_\_\_

If English is not your child's first language, please select their level of English proficiency from the list below:

Beginner     Gaining Confidence     Confident     Fluent     Native

### STUDENT'S SCHOOL HISTORY (over the last 2 years)

#### Most recent / current school

Name of student's school \_\_\_\_\_ Country \_\_\_\_\_

Date joined \_\_\_\_\_ Date Left \_\_\_\_\_

Type of Curriculum \_\_\_\_\_ Language of instruction \_\_\_\_\_

#### School 2

Name of student's school \_\_\_\_\_ Country \_\_\_\_\_

Date joined \_\_\_\_\_ Date Left \_\_\_\_\_

Type of Curriculum \_\_\_\_\_ Language of instruction \_\_\_\_\_

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## SECTION TO BE COMPLETED BY CURRENT SCHOOL'S REFEREE

Student's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Current Grade \_\_\_\_\_

We have received an application for the above student to join Grade \_\_\_\_\_. To assist in the admissions process, we would be extremely grateful if you would complete this form and return it to the school by email at: [aabdelrahman@lyceevoltaire.net](mailto:aabdelrahman@lyceevoltaire.net). This form is also available online at <https://www.lacng.lvng.net/>

School Name \_\_\_\_\_ Language of instruction :  English  Other: \_\_\_\_\_

Name of Referee \_\_\_\_\_ Position Held \_\_\_\_\_ Date \_\_\_\_\_

How long have you known the child? \_\_\_\_\_ How long has the child attended your school? \_\_\_\_\_

School's curriculum \_\_\_\_\_

Academic Performance	Please tick the box that best relates to the student			
	Excellent	Good	Satisfactory	Poor
Language of instruction				
Mathematics				
Science				
Other studied language				
<ul style="list-style-type: none"><li>Language:</li><li>European level (if known): A1 A2 B1 B2</li></ul>				

Please attach assessment results

Attribute	Please tick the box that best relates to the student			
	Excellent	Good	Satisfactory	Poor
Behaviour				
Attendance				
Punctuality				
Organisation				
Initiative				
Communication Skills				
Ability to work in groups				
Proficiency in written native language				
Proficiency in spoken native language				
Proficiency in Technology				
Overall academic ability				

Please select the adjectives that best describe the characteristics of the student

Confident  Creative  Capable  Conscientious  Caring  
 Verbal Communicator  Sporty  Musical  Artistic

Please indicate student's areas of strength

Please indicate student's areas for development

Does the student have any specific educational needs identified by a professional? If yes, please provide details.

Principal Signature: \_\_\_\_\_

Teacher Signature: \_\_\_\_\_

School Stamp: \_\_\_\_\_