**Registration form**

**WAS**

**LANGUAGES AND TECHNOLOGIES INSTITUTE**

**Registration ID:...........................................**

**Program:.....................................................**

**Entered date:..............................................**

**STUDENT INFORMATION RECORDS SYSTEM**

 **STUDENT INFORMATION DECLARATION OF RESIDENCY**

The student name below agrees to obey all School rules in

WAS INSTITUTE OF LANGUAGES AND TECHNOLOGIES as define by the school Administration

NO

YES

 OR

**STUDENT INFORMATION**

**First name:.......................................................**

**Middle name:..................................................**

**Date birth:.......................................................**

**Address:..........................................................**

**Phone Number:...............................................**

**Gender:**

**Nationality:.......................................................**

**Course to undertake:.........................................**

**Medical information:........................................**

**Occupation:.....................................................**

SCHOOL INFORMATION

**NAME OF SCHOOL:**

**LOCATION:**

**Entering date:**

**Department:**

**Name of former school:**

**Address:**

PARENT/GUARDIAN INFORMATION

**Father’s name:**

**Address:**

**Number:**

**Email:**

**Mother’s name:**

**Guardian name:**

**Number:**

**Address:**

**CITIZENSHIP:**

**Nationality:**

**Student authorization or student permit expiry date Yes or No:**

**Cours to offer:**