

Shirakatsy Lyceum High School IB Diploma Programme

Intent to Enroll Form

Personal Information (Student)

- Full Name: _____
- Date of Birth: _____
- Nationality: _____
- Social Security Number: _____

Parent/Guardian Information

- Full Name: _____
- Relationship to Student: _____
- Passport: _____
- Social Security Number: _____
- Contact Information:
 - Phone Number: _____
 - Email Address: _____
 - Address: _____

Educational Background (Student)

- Previous School Name: _____
- Graduation Year: _____

Declaration of Intent

I, _____, hereby declare my intent to enroll _____ in the Shirakatsy Lyceum High School IB Diploma Programme for the academic year 2024-2025. I understand that a non-refundable deposit of **100,000 AMD** is required to secure Student's place in the program, and I am authorized to make this financial commitment on their behalf.

Signature (Parent/Guardian): _____

Date: _____

Student Signature: _____

Date: _____