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LYCEUM

## INTENT TO ENROLL



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