TRIANGLE LEBANESE AMERICAN CENTER

Application Form

Student Name: _____

Student DoB: _____

Student Gender: Male
Female

Class Level: Arabic-1
Arabic-2

Parent's Name: _____

Current Address: _____

Phone: _____

Email: _____

Is there any medical information related to the student, that you would like the school to be aware of?
No
Yes, _____

Registration for (specify semester): _____

Signature: _____

Date: _____

Address: 241 Horizon Dr, Raleigh, NC 27615, USA
Phone: +1 (984)242-4803
Email: contact@tlacnc.org