

# The American Baccalaureate School

Abraq Khaitan Block 6 #59 Ibn-Zuhair Street Kuwait  
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## APPLICATION FORM FOR ADMISSION 2022-2023

Program Applying to:  Bilingual  AFL (Arabic as a Foreign Language)

Former ABS Student Year..... Reason for leaving.....

### STUDENT INFORMATION:

Address: Area:..... Block: ..... Street: ..... Building: .....

Home Phone: .....

**CHILD 1:** Name: ..... Civil ID No: .....

Grade Applying to: ..... | Gender:  Male  Female | Date of Birth: Year: ..... Month: ..... Day: .....

Nationality:  Kuwaiti  Other Please State: ..... | Religion:  Muslim  Other: .....

### SCHOOL HISTORY: (Please complete the entire school history)

	School years	Name of School	Grades	<u>Reason for leaving previous school</u> <u>(must be completed)</u>
Current School				<input type="checkbox"/> School request ( <input type="checkbox"/> Academic <input type="checkbox"/> Behavior <input type="checkbox"/> Both) <input type="checkbox"/> Co-education <input type="checkbox"/> American curriculum <input type="checkbox"/> Better environment <input type="checkbox"/> Other: .....
Prior School				<input type="checkbox"/> School request ( <input type="checkbox"/> Academic <input type="checkbox"/> Behavior <input type="checkbox"/> Both) <input type="checkbox"/> Co-education <input type="checkbox"/> American curriculum <input type="checkbox"/> Better environment <input type="checkbox"/> Other: .....

**CHILD 2:** Name: ..... Civil ID No: .....

Grade Applying to: ..... | Gender:  Male  Female | Date of Birth: Year: ..... Month: ..... Day: .....

Nationality:  Kuwaiti  Other Please State:..... Religion:  Muslim  Other: .....

### SCHOOL HISTORY: (Please complete the entire school history)

	School years	Name of School	Grades	<u>Reason for leaving previous school</u> <u>(must be completed)</u>
Current School				<input type="checkbox"/> School request ( <input type="checkbox"/> Academic <input type="checkbox"/> Behavior <input type="checkbox"/> Both) <input type="checkbox"/> Co-education <input type="checkbox"/> American curriculum <input type="checkbox"/> Better environment <input type="checkbox"/> Other: .....
Prior School				<input type="checkbox"/> School request ( <input type="checkbox"/> Academic <input type="checkbox"/> Behavior <input type="checkbox"/> Both) <input type="checkbox"/> Co-education <input type="checkbox"/> American curriculum <input type="checkbox"/> Better environment <input type="checkbox"/> Other: .....

**ACADEMIC AND MEDICAL HISTORY:**

1. Has your child (please check): PassedFailedRepeated his/her previous school year?

If repeated, please indicate grade level and give a brief explanation: .....

Name of Child(ren):.....

2. Please state any **special medical condition** and/or medication, allergies related to your child(ren): .....

Name of Child(ren):.....

**FATHER'S DETAILS:**

Name: .....Civil ID No: .....

Mobile: ..... Work Phone: ..... | E-mail address: .....

Nationality:  Kuwaiti  Other: ..... | Religion:  Muslim  Other: .....

Occupation: ..... Employer: .....  Private  Government

**Marital Status:** Married Separated DivorcedWidower

**MOTHER'S DETAILS:**

Name: .....Civil ID No: .....

Mobile: ..... Work Phone: ..... | E-mail address: .....

Nationality:  Kuwaiti  Other: ..... | Religion:  Muslim  Other: .....

Occupation: ..... Employer: .....  Private  Government

**Marital Status:** Married Separated DivorcedWidow E-mail address: .....

**EMERGENCY CONTACT (NOT MOTHER OR FATHER)**

1. Name: ..... Telephone: .....

Relationship to Child:.....

2. Name: ..... Telephone: .....

Relationship to Child: .....

**HOW DID YOU HEAR ABOUT ABS?**

Sibling already at ABS:..... Newspaper: .....

Friend  Internet  Relative  Other please specify:.....

**TUITION PAYMENT INFORMATION**

If accepted, who will be paying the tuition fees? (Check box)

Parent

Company (Name of company) .....

Ministry (Name of ministry) .....

Other (Please specify) .....

**I understand that if ABS does not receive notice from the company/ministry, confirming the payment of tuition fees, within TWO weeks of acceptance, my child's place will be nullified.**

**I understand that acceptance into ABS is subject to passing an entrance test/interview and the school's decision is final. I verify that all information on this application is true and accurate.**

**ABS Admissions Committee makes its decision based on the information provided on the application form and supporting paperwork. Should any of this information be later found to be false, ABS reserves the right to withdraw their decision and cancel your child's place/acceptance in our school, even if this is discovered after your child has started school.**

**Parent name:**.....**Signature:** ..... **Date:** .....