ACS BEIRUT

APPLICATION FORM

APPLICANT'S INFORMATION

NAME OF APPLICANT IN BLOCK LETTERS (AS IT APPEARS ON OFFICIAL DOCUMENTS)

FIRST	**MIDDLE** (if applicable)	**FATHER'S NAME** (if applicable)	**FAMILY or LAST NAME**

NICKNAME (if any) ..... **Date of birth:** ..... (e.g. December 1, 2009) **Age:** ..... in September ☐ Female ☐ Male

Applicant's Nationality(ies): **1.** ..... **2.** ..... **3.** ..... **4.** .....

PHYSICAL ADDRESS IN LEBANON

Floor/Apartment	Building	Street

City	Postal Code	Home Phone

Language(s) spoken at home: **1.** ..... **2.** ..... **3.** ..... **4.** .....

PROGRAM APPLYING TO: ☐ **Full Day** 7:30 am - 4:00 pm ☐ **Half Day** 7:30 am - 1:00 pm ☐ **Afterschool Program** 1:30 pm - 4:00 pm

FAMILY INFORMATION

MOTHER ☐ Dr. ☐ Mrs.

Family Name	First Name	Middle Name

Home Phone ..... **E-mail** (write clearly) .....

Mobile Phone ..... **Occupation** .....

Business Phone .....

FATHER ☐ Dr. ☐ Mrs.

Family Name	First Name	Middle Name

Home Phone ..... **E-mail** (write clearly) .....

Mobile Phone ..... **Occupation** .....

Business Phone .....

SIBLING NAME(S)

First Name	Date of Birth	Gender	School Attending (if applicable)
		☐ Female ☐ Male	
		☐ Female ☐ Male	
		☐ Female ☐ Male	
		☐ Female ☐ Male	
		☐ Female ☐ Male	

ACS empowers students to solve problems with creativity and integrity, to lead well-balanced lives, and to serve Lebanon and the world community with understanding and compassion.

PLEASE PASTE RECENT PASSPORT SIZE PHOTO OF APPLICANT HERE
(ONE OF FOUR COPIES)

APPLICANT'S ADDITIONAL INFORMATION

Has your child ever been in a child care setting? ☐ Yes ☐ No
If so, what kind? ☐ Relative's care ☐ In Home ☐ Other .....

Does your child have an existing medical condition of which Bright Beginnings should be aware? ☐ Yes ☐ No

Explain: .....

.....

Is your child able to walk? ☐ Yes ☐ No

Is your child on a special or restricted diet or has any food allergies? ☐ Yes ☐ No

Explain: .....

.....

Does your child nap during the day? ☐ Yes ☐ No

If so, at what time: .....

.....

Does your child have any problems at mealtimes? ☐ Yes ☐ No

Explain: .....

.....

Is your child toilet trained? ☐ Yes ☐ No

What are your child's preferences or other information that would help us provide your child with the best possible experience?

.....

.....

.....

APPLICATION REQUIREMENTS

THIS APPLICATION WILL BE PROCESSED UPON RECEIVING/ COMPLETING THE FOLLOWING DOCUMENTATION:

1. The completed Application Form.
2. Completion of interview if requested by administration.
3. Completed Medical Form with a photocopy of vaccination card.
4. Four passport size photos (one attached in the space to the right).
5. One photocopy of a valid passport, Lebanese ID card or إخراج قيد.
6. A non-refundable application fee.

CONDITIONS OF ENROLLMENT AND PAYMENT OF FEES

PLEASE READ CONDITIONS CAREFULLY BEFORE SIGNING.

1. Tuition fees at Bright Beginnings are non-refundable and non-transferable. They are paid in three installments.
2. The Registration Fee must be paid within ten days of the receipt of the letter of acceptance. Both fees are non-refundable, however, the Registration Fee will be put forth towards September fees.
3. Should the School find it necessary to close at any time during the school year due to reasons beyond its control, the fees paid to the School will not be refunded.
4. I certify that all information provided is correct and complete and understand that all documents submitted become the property of the School.

I have examined the above and agree to all of its conditions. I hereby apply to Bright Beginnings for the admission of the applicant named on the front page, for the academic year beginning: .....

Date ..... Signature (Parent or Legal guardian) .....

KINDLY ADDRESS MAIL TO:

ACS BEIRUT - ADMISSIONS OFFICE

67 Nigeria Street, Jal el-Bahr 2035-8003, Ras Beirut
P.O. Box 11-8129, Riad El Solh 1107-2260, Beirut, Lebanon

T 961 [1] 374 370 ext. 3600/3603 F 961 [1] 366050
E admissions@acs.edu.lb