

The American Baccalaureate School

Abraq Khaitan Block 6 #59 Ibn-Zuhair Street Kuwait
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Email: info@abs.edu.kw



APPLICATION FORM FOR ADMISSION 2026-2027

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

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

☐ ABS Alumni Class of

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				☐ School request (☐ Academic ☐ Behavior ☐ Both) ☐ Co-education ☐ American curriculum ☐ Better environment ☐ Other:
Prior School				☐ School request (☐ Academic ☐ Behavior ☐ Both) ☐ Co-education ☐ American curriculum ☐ Better environment ☐ 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				☐ School request (☐ Academic ☐ Behavior ☐ Both) ☐ Co-education ☐ American curriculum ☐ Better environment ☐ Other:
Prior School				☐ School request (☐ Academic ☐ Behavior ☐ Both) ☐ Co-education ☐ American curriculum ☐ Better environment ☐ Other:

ACADEMIC AND MEDICAL HISTORY:

1. Has your child (please check): ☐ Passed ☐ Failed ☐ Repeated 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 ☐ Divorced ☐ Widower

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 ☐ Divorced ☐ Widow 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?

☐ Siblings are already at ABS: ☐ Former Graduated parents

☐ Friends... ☐ 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:**