

# The American Bilingual School

Abraq Khaitan Block 6 #59 Ibn-Zuhair Street Kuwait  
Tel: 2-475-0333 Fax: 2-471-0777 Website: www.abs.edu.kw  
Email: [info@americanbilingual.com](mailto:info@americanbilingual.com)



## APPLICATION FORM FOR ADMISSION 2010-2011

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

### FAMILY INFORMATION:

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

**CHILD 1: Grade Applying to:** ..... **Gender:**  Male  Female **Date of Birth (mm/dd/yy):** ...../...../.....

Child's Name: ..... Civil ID No: .....

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

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

	School years	Name of School	Grades	Reason for Leaving
Current School				
Prior School				

**CHILD 2: Grade Applying to:** ..... **Gender:**  Male  Female **Date of Birth (mm/dd/yy):** ...../...../.....

Child's Name: ..... Civil ID No: .....

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

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

	School years	Name of School	Grades	Reason for Leaving
Current School				
Prior School				

**CHILD 3: Grade Applying to:** ..... **Gender:**  Male  Female **Date of Birth (mm/dd/yy):** ...../...../.....

Child's Name: ..... Civil ID No: .....

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

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

	School years	Name of School	Grades	Reason for Leaving
Current School				
Prior School				

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: .....

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

Home Phone: ..... Work Phone: ..... Mobile: .....

Marital Status:  Married  Separated  Divorced  Widower/ E-mail address: .....

Occupation: ..... Company name: .....  Private  Government

MOTHER'S DETAILS:

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

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

Home Phone: ..... Work Phone: ..... Mobile: .....

Marital Status:  Married  Separated  Divorced  Widow / E-mail address: .....

Occupation: ..... Company name: .....  Private  Government

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.

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