

INSTRUCTIONS: THIS APPLICATION MUST BE COMPLETED IN FULL BY THE APPLICANT'S PARENT OR LEGAL GUARDIAN AND RETURNED TO THE ADMISSIONS OFFICE.

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

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

FAMILY or LAST NAME

FATHER'S NAME

FIRST (and middle, if applicable)

Date of birth: _____ Age: _____ Place of birth: _____ Female Male
 (e.g. December 1, 2009) as of Sept. 30 City Country

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

Applicant lives with: Both parents Mother only Father only Guardian Other (specify) _____

PHYSICAL ADDRESS IN LEBANON

Floor/Apartment

Building

Street

City

Country

Postal Code

Home Phone

DIVISION APPLYING TO: **Early Years** Nur KG I KG II **Middle School** Gr 6 Gr 7 Gr 8
Elementary Gr 1 Gr 2 Gr 3 Gr 4 Gr 5 **High School** Gr 9 Gr 10 Gr 11 Gr 12

For High School (grades 9-12):

In addition to the ACS High School Diploma, are you interested in pursuing either of the following?

Lebanese Baccalaureate Diploma* International Baccalaureate Diploma

*ACS offers only the requirements of "Life Science" for students opting to follow the Lebanese Baccalaureate program.

SIBLING NAME(S)

First Name	Last Name	Age	Gender	Attending ACS Beirut	Applying to ACS Beirut
			<input type="checkbox"/> Female <input type="checkbox"/> Male	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Female <input type="checkbox"/> Male	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Female <input type="checkbox"/> Male	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Female <input type="checkbox"/> Male	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Female <input type="checkbox"/> Male	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

APPLICANT'S LANGUAGE(S)

	Understand	Speak	Read	Write	Years of formal schooling
Primary language:					
Secondary language:					

EARLY YEARS APPLICANTS ONLY - PREVIOUS DAY CARE CENTERS / KINDERGARTEN 1 OR 2 ATTENDED

Name of center/school	Dates attended
Name of center/school	Dates attended

GRADES 1-12 APPLICANTS ONLY - PREVIOUS SCHOOLS ATTENDED (MOST RECENT FIRST)

Name of school	Country	Grade levels attended	Dates attended
1.
2.
3.
4.
5.
6.

APPLICANT'S ADDITIONAL INFORMATION

1. PLEASE LIST BELOW FAMILY MEMBERS WHO HAVE ATTENDED ACS:

Name	Relationship	Years attended
a.
b.
c.
d.
e.

2. PLEASE LIST THE APPLICANT'S INTERESTS, AWARDS, AND ACCOMPLISHMENTS:

3. HAS YOUR CHILD HAD PSYCHOLOGICAL OR NEUROLOGICAL TESTING? Yes No (If yes, please provide a copy of this testing.)

4. HAS YOUR CHILD BEEN IDENTIFIED WITH OR RECEIVED SERVICES IN ANY OF THE FOLLOWING? Check all that apply

- | | | | |
|---|--|--|--|
| Gifted and Talented | <input type="checkbox"/> Yes <input type="checkbox"/> No | Prescription medication to aid in the learning process | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Small group learning support | <input type="checkbox"/> Yes <input type="checkbox"/> No | English Language Learning support (ELL) | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Individual learning support | <input type="checkbox"/> Yes <input type="checkbox"/> No | ADHD/ADD interventions | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Speech Language Therapy | <input type="checkbox"/> Yes <input type="checkbox"/> No | Behavior Management | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| In-classroom accommodations for identified learning needs | <input type="checkbox"/> Yes <input type="checkbox"/> No | Social-emotional support | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | | Occupational Therapy | <input type="checkbox"/> Yes <input type="checkbox"/> No |

List other interventions here:

Has your child ever been retained or repeated a grade? Yes No
If yes, which grade(s)?

Does your child have an academic plan such as a 504, ILP or IEP? Yes No
If yes, please provide a copy of the report(s).

Has your child ever skipped or been accelerated a grade? Yes No
If yes, which grade?

Has your child ever been asked to leave a school? Yes No
If yes, please explain:

5. PLEASE DESCRIBE ANY PHYSICAL OR MEDICAL CONDITIONS THAT AFFECT YOUR CHILD:

6. HOW DID YOU HEAR ABOUT ACS? PLEASE SPECIFY:

PARENT/LEGAL GUARDIAN INFORMATION

PARENTS ARE: Married Divorced Father deceased Father travels outside of Lebanon extensively
 Separated Single Partner Mother deceased Mother travels outside of Lebanon extensively

If divorced, are parent(s) remarried? Both are remarried Neither is remarried Mother is remarried Father is remarried

If divorced or separated, the school should communicate with: Both parents Mother only Father only

(if communication should be with mother only or father only, legal papers must be submitted with application)

PARENT / GUARDIAN 1:

Relationship to applicant: Mother Father Guardian Step-parent **Check one:** Mr. Mrs. Ms. Dr.
 Other (please specify):

Name
First Middle Last

Date of birth (MM/DD/YY) Country of origin **Nationality(ies):** 1. 2.

Physical address (if different from applicant)

Floor/Apartment Building Street

City Country Postal Code **Home Phone**

Mobile Phone

E-mail (write clearly) **Fax number**

E-mail address to be used for billing

Highest Educational level attained:

High School Name Year awarded

College/University Name Year awarded

Graduate Name Year awarded

Occupation **Name of Business/Organization**

Type of Business/Field **Position**

Business phone **Fax number**

Signature

PARENT / GUARDIAN 2:

Relationship to applicant: Mother Father Guardian Step-parent **Check one:** Mr. Mrs. Ms. Dr.
 Other (please specify):

Name
First Middle Last

Date of birth (MM/DD/YY) Country of origin **Nationality(ies):** 1. 2.

Physical address (if different from applicant)

Floor/Apartment Building Street

City Country Postal Code **Home Phone**

Mobile Phone

E-mail (write clearly) **Fax number**

E-mail address to be used for billing

Highest Educational level attained:

High School Name Year awarded

College/University Name Year awarded

Graduate Name Year awarded

Occupation **Name of Business/Organization**

Type of Business/Field **Position**

Business phone **Fax number**

Signature

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)

APPLICATION REQUIREMENTS

THIS APPLICATION WILL BE PROCESSED UPON RECEIVING THE FOLLOWING DOCUMENTATION AND BEFORE SCHEDULING ENTRANCE EXAMINATIONS:

1. The completed Application Form.
 2. Completed Medical Form with a photocopy of vaccination card.
 3. Official transcripts* **IN ENGLISH** from the last three years including the current year or progress reports for Early Years candidates (if applicable).
 4. Results of all standardized and/or individualized tests including ISEE scores.
 5. Four passport size photos (one attached in the space to the right).
 6. Photocopies of a valid passport, Lebanese ID card or إخراج قيد
If student is a national of more than one country, this information and copies of all passports must be provided to the School.
 7. A certified copy of proof of birth date for Early Years candidates.
 8. A personal and or family interview.
 9. Recommendation forms (4) from the previous school (applicants to grades 6 - 12).
 10. Recommendation forms (2) from the previous school (applicants to grades 1 - 5).
 11. **Students coming from Lebanese schools** must provide an official document from the school, certified by the Ministry of Education, attesting to their successful completion of the previous academic year.
 12. **Students applying from outside of Lebanon, regardless of nationality,** must provide a "permission" document from the Lebanese Ministry of Education.
 13. A non-refundable application processing fee of \$100 or LBP 150,000.
 14. A non-refundable test fee of \$100 or LBP 150,000 upon review of application.
 15. A non-refundable application fee of \$100 or LBP 150,000 for Early Years applicants.
- * Candidates for Grades 2 to 12 applying from outside of Lebanon, must certify their transcripts from the Lebanese Embassy or Consulate in the country they are leaving.

CONDITIONS OF ENROLLMENT AND PAYMENT OF FEES

PLEASE READ CONDITIONS CAREFULLY BEFORE SIGNING.

1. Tuition fees at ACS are paid in three installments as detailed in the fee schedule and in accordance with the ACS's published policy.
2. A Development Fee is to be paid by all new students entering ACS or re-entering after one academic year.
3. First tuition installment and Development Fee must be paid within seven working days from the announced acceptance date. Both fees are non-refundable.
4. The School reserves the right to increase the fees at any time prior to the expiration of the school year.
5. 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.
6. I certify that all information provided is correct and complete and understand that all documents submitted become the property of the School. Incorrect information invalidates this application.
7. The School reserves the right to request information about candidates from previous schools attended.
8. I allow the school to take photographs of my child and utilize them in school publications.

The American Community School Beirut is a training site for several local universities. From time to time student teachers and interns will be performing professional duties, without interfering with the students routine at the school, under the direct supervision of the respective professional.

I have examined the above and agree to all of its conditions. I hereby apply to The American Community School Beirut for the admission of the applicant named on the front page, for the academic year beginning:

Date

Signature (Parent or Legal guardian)

PLEASE MAKE CHECKS PAYABLE TO: THE AMERICAN COMMUNITY SCHOOL BEIRUT

FOR ADMISSIONS OFFICE ONLY

ACS I.D. #

Application deadline: Registration #

Date application received: Family #

Entrance exam/Interview date: Testing fee (Receipt #):

Processing fee (Receipt #): Grade admitted to: Date:

KINDLY ADDRESS MAIL TO:

ACS BEIRUT - ADMISSIONS OFFICE

67 Nigeria Street, Jal el-Bahr 2035-8003, Ras Beirut T 961 [1] 374 370 ext. 3600/3603 F 961 [1] 366050
P.O. Box 11-8129, Riad El Solh 1107-2260, Beirut, Lebanon E nzabad@acs.edu.lb • jzmerli@acs.edu.lb

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WWW.ACS.EDU.LB

ACS enrolls students without regard to race, creed, national origin, gender or religious belief.
Chartered by: State Regents of New York / Accredited: Middle States Association of Colleges and Schools / Registered: Lebanese Ministry of Education