



**Accounts Use Only:**

RV/No.

Date:

## ***Undertaking***

I hereby apply for \_\_\_\_\_ to be admitted to the Amman Bacculaureate School, in accordance with the School's terms, rules and conditions.

I understand that completion of this form and payment of the application fee does not guarantee a place in the School.

If the above named student is accepted into the Amman Bacculaureate School I will be responsible for all School charges, including incidental expenses, and will pay all such charges no later than 30 days after the date of the Acceptance Letter.

I understand that no rebate, exemption or deduction will be made in respect of temporary absence, dismissal or withdrawal after the first day of the school year, except in the case of withdrawal for reasons beyond my control and accepted by the School, such as overseas transfer or prolonged illness.

I agree to give the School three months' notice, in writing, should I voluntarily wish to withdraw the above named applicant and I agree that if such notice is not given, I will pay or forfeit one month's fees for each month of notice not given in writing.

I understand that School privileges may be denied by the School in accordance with its published rules or regulations and those of the Ministry of Education.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(Parent/Guardian)

## ***Application for Enrollment***

*Amman Bacculaureate School*

This form must be accompanied with the following items:

1. A **certified** photocopy of the student's **Birth Certificate**.
2. Photocopies of the student's **Marks Record** or **Reports** for the last two years (except KG, Grades 1 and 2).
3. Two **Photographs**.
4. An **Application Fee** of JD 30 (Non-refundable).

**Confidentiality:** The entrance tests given to each applicant are confidential and the School does not make available details of the tests or the applicant's test results.

| <b><i>Applicant Information</i></b>                          |                 |
|--|-----------------|
| Student's Name in Arabic as listed on the Birth Certificate: |                 |
| Student's Name in English:                                   |                 |
| Date of Birth:   | Place of Birth: |
| Nationality (ies):   |                 |
| Bilingual Section/International Section:                     |                 |
| Sex:   | Religion:       |
| Grade Applied For:   |                 |
| Date you prefer the student start school:                    |                 |

|   |  |
|---|--|
| <b>Previous School Information</b>  |  |
| <i>Instructions:</i> Please provide the following information on the School your child last attended.   |  |
| Name of the School:   |  |
| Grade on Leaving:   | Date of Leaving:   |
| <b>Language</b>   |  |
| Language Spoken at Home:  |  |
| Other Language(s) known by the Student:   |  |
| 1.  | <input type="checkbox"/> Spoken <input type="checkbox"/> Written |
| 2.  | <input type="checkbox"/> Spoken <input type="checkbox"/> Written |
| <b>Medical Information</b>  |  |
| <i>Instructions:</i> Please give details of any medical condition(s) which the applicant suffers from and any other medical information the School should know about. |  |
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|   |  |
| <b>Other Information</b>  |  |
| <i>Instructions:</i> Please indicate any other information that the School should be aware of to better facilitate your child's education.                            |  |
|   |  |
|   |  |
| <b>Family Information</b>   |  |
| Note: The School must be notified, at once, of any changes.   |  |
| Name of Father/Guardian:  |  |

|   |        |
|---|--------|
| If Guardian, please give relationship to the student:   |        |
|   |        |
| Profession of Father:   |        |
| Work Address:   |        |
| Office Telephone Number:  |        |
| Name of Mother:   |        |
| Profession of Mother:   |        |
| Work Address:   |        |
| Office Telephone Number:  |        |
| E-mail Address:   |        |
| Home Mailing Address:   |        |
| Home Telephone Number:  |        |
| Emergency Telephone Number:   |        |
| Father's mobile number:   |        |
| Mother's mobile number:   |        |
| Will the student be living with you? <input type="checkbox"/> Yes <input type="checkbox"/> No |        |
| If not, please state with whom the student will be living.                                    |        |
| Nationality of Father:  |        |
| Nationality of Mother:  |        |
| Names of Brother(s)/Sister(s) attending Amman Bacculaureate School                            |        |
| 1.  | Grade: |
| 2.  | Grade: |
| 3.  | Grade: |
| 4.  | Grade: |
| Has the father/mother studied at ABS?   |        |
| If yes, during which years  |        |