



American Community School

P.O. Box 310 Amman 11831, Jordan
T: (9626) 581-3944 F: (9626) 582-3357 E: admissions@acsamman.edu.jo
www.acsamman.edu.jo

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Welcome from the Superintendent

Dear Parents,

Thank you for considering ACS for your child's future. We understand that this is an important decision that will impact your child and we appreciate that you have selected ACS as a partner in their education.

For over 55 years, ACS has enjoyed a solid reputation in providing one of the best educational experiences to local and international students in Jordan. We continue to build this reputation every day with every interaction we have with students and parents alike. The core of our reputation is built on the foundation of our mission and a rigorous and developmentally appropriate program, which includes educating the child as a whole. We seek to hire and retain the best teachers in the world. Our faculty and staff are committed to the well being of each student, are passionate about their work, and are innovative in their teaching practices. Each day we focus our efforts on student learning and students being able to demonstrate, in a variety of ways, their understanding, synthesis, and application of their knowledge.

At the core of our work is the Mission which demands that we instill in students **respect, integrity, and intellectual growth**. We strive to model, teach, and incorporate these core values in every action and decision we make.

We believe the classroom is not the sole place for learning and that learning takes many shapes and forms. People learn in many different ways and have many different talents and skills. Our task as a school is to find how each student learns best and to tailor our instruction for them. We are learning-centered.

We are proud of our school and I am confident you will feel a sense of community, passion for our work, and a common purpose in providing an outstanding education for our students.

Please let us know how we can serve you,

Respectfully,

Larry McIlvain
Superintendent



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The Admissions Process

Please read the information below regarding the admissions process so that you are well informed on our procedures and requirements.

- ACS has a rolling admissions policy and accepts applications throughout the year.
- Applications received for the current and next quarter/semester, will be reviewed within 3 – 7 days upon receiving a complete application and the decision will be communicated immediately after the review.
- Applications received for the following school year will be reviewed in March and decisions will be emailed to parents in April.
- Applicants must fill and complete one application form per student and submit it with all required documents.
- Any missing information or documents will delay the review of the Applicant's file and therefore parents are strongly encouraged to ensure the application is complete.
- The application form must be filled in English and any supporting documents in languages other than English must be translated.
- The school's age cut off date is September 1. Students must reach the age specified for each grade by September 1 of that school year: PreK 1 = 3 years, PreK 2 = 4 years, KG = 5 years, Gr 1 = 6 years
- For Applicants currently not living in Jordan, please indicate in the fields you are unable to complete that you will provide the missing information upon arrival to Jordan.
- Recommendation forms that are not submitted according to the instructions will not be considered.
- You are only requested to submit copies of school records and test scores with the application form. Original copies must be submitted upon acceptance to ACS.
- All documents submitted within the application form will become the property of ACS Amman.
- The application form and supporting documents may be scanned and emailed, faxed or delivered by mail. Teachers may send the recommendation forms the same way directly to ACS.
- Students may be expected to sit for an admissions screening assessment.
- The Principal may require an interview with the student. Usually the interview can be conducted on the same day the Applicant sits for the admissions test. Parents must be present for the interview.
- If an Applicant is accepted into ACS but the class is full, the Applicant will be placed on the waiting list until there is availability, provided that the registration fee is paid.
- The wait-listed Applicant will automatically be placed in the next grade level the following year if the class applied to remains full and provided that the registration fee has not been refunded.
- For payment policies, terms and methods please see the attached Business Office Notification form.

If you have any questions regarding the admissions process, please send an email to admissions@acsamman.edu.jo



Application Checklist

Please check next to the item to indicate that you have completed and submitted the requested information. If for some reason you are unable to complete the form, please explain.

You are requested to put together the application document according to the sequence below.

- Completed application form
 - Section 1: Family Information
 - Section 2: Emergency Contact
 - Section 3: Student's Educational Background
 - Section 4: Information About Your child
 - Section 5: School Directory
 - Section 6: Application Statement
- Complete official school records for the last three years
(Officially translated into English as necessary)
- Copy of student's standardized test scores for the last two years, if applicable
- Copy of individual testing or assessment, if applicable
If applicable, please provide copies of all individual tests and assessments done with your child.
- 2 Recommendations Forms Required for Grades 6 – 12; Upon Request for Grades KG - 5
You may select 2 out of the 3 forms available for download from our website. Please follow instructions on forms.
- Business Office Notification
- Signed School Fees and Policy
- Student Health Emergency Information Form
- Health Record Form
- Immunization Records
- Bus Transportation Form
- Copy of Student's Passport
- Two Passport Photos



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Application for Admission

Please respond to all items in Sections 1 - 7. Type or clearly write all information in block letters.

Today's date (mm/dd/yy) _____ Applying to begin school (mm/yy) _____

Section 1: Family Information

Student's Full Name _____ Male
Surname First Middle Female

Applying to Grade _____ Student Age _____ Date of Birth (mm/dd/yy) _____

Place of Birth (City/State/Province/Country) _____

Student's Home Address _____

Home Tel _____ Student's Mobile _____

Student' E-mail _____

Student's Nationality _____ Passport Number _____

Date of Issue (mm/dd/yy) _____ Date of Expiry (mm/dd/yy) _____

Other Passport(s) Held _____

Father's Name _____ Father's Nationality _____

Name of Father's Business / Employer _____

Father's Office Address / US Embassy Dept. _____

Father's Mobile _____ Office Telephone _____

Personal E-mail _____

Work E-mail _____

Father's level of spoken English Fluent Good Fair Poor
Father's level of reading in English Fluent Good Fair Poor

Mother's Name _____ Mother's Nationality _____

Name of Mother's Business / Employer _____

Mother's Office Address / US Embassy Dept. _____

Mother's Mobile _____ Office Telephone _____

Personal E-mail _____

Work E-mail _____

Mother's level of spoken English Fluent Good Fair Poor
Mother's level of reading in English Fluent Good Fair Poor



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Section 2: Emergency Contact

Person other than parents to contact in case of an emergency.

Name _____

Relationship to Family _____

Full Address _____

Home Telephone # _____ Mobile # _____

E-mail _____

Office Telephone # _____ Office Fax # _____

Office Mobile _____ Work E-mail _____

Section 3: Student's Educational Background

*Please list all schools the student has previously attended, including dates.
List the most recent first. Attach a separate sheet if necessary.*

Name of School _____

Street Address _____

City, State, Country _____ Telephone # _____

Fax # _____ E-mail _____

Dates Attended From (mm/yy) _____ To (mm/yy) _____ Grade(s) Completed _____

Number of days absent during the last year _____ Excused _____ Unexcused _____

Name of School _____

Street Address _____

City, State, Country _____ Telephone # _____

Fax # _____ E-mail _____

Dates Attended From (mm/yy) _____ To (mm/yy) _____ Grade(s) Completed _____

Name of School _____

Street Address _____

City, State, Country _____ Telephone # _____

Fax # _____ E-mail _____

Dates Attended From (mm/yy) _____ To (mm/yy) _____ Grade(s) Completed _____



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Section 4: Information About Your Child

What is your child's first language?

In what area(s) of school does your child do best?

In what area(s) of school does your child have difficulty?

Please indicate your child's ability to read and write in English Fluent Good Fair Poor

Please indicate your child's ability to speak and understand English Fluent Good Fair Poor

Has your child applied to the American Community School of Amman before? Yes No

If yes, when? (dd/mm/yy) _____

Has your child attended American Community School of Amman before? Yes No

If yes, when? (dd/mm/yy) _____

Does your child have a history of academic difficulties? (IEP, 504 Plan, etc.) Yes No

Has your child ever been tested for learning disabilities? Yes No

If yes, applicants must provide copies of the test results.

Has your child ever been referred for another educational or psychological testing? Yes No

Has your child ever been referred to any type of special classes? Yes No

Has your child ever had special modifications for classes? Yes No

Does your child find homework / studying difficult? Yes No

Has your child been referred to a school administrator for disciplinary concerns? Yes No

Please explain any Yes answer(s). If necessary, use a separate sheet of paper and attach it to this application. Include dates and test results, if any.

Pre-K, KG applicants only: When was your child toilet trained? (mm/yy) _____

Is there other important information about your child's personal or educational history the school should know? If so, please explain below or on a separate sheet of paper attached to this application.



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Section 5: School Directory

Each year the school releases a School Directory to all members of the ACS community for use within the community only. Please check one of the following options:

- We wish to be included in the school directory and agree to allow parent names, student names, grades, phone numbers, and e-mail addresses released for this purpose for the duration of ACS enrollment
- We do not wish to be in the directory. Do not release information for this purpose

Section 6: Application Statement

In order to maximize your child's educational experience at ACS, we ask that you read this statement carefully. It is intended to help clarify our expectations of new students. If you have any questions about this form or any other ACS documents please contact the Director of Public Relations.

Students admitted to ACS must have a parent or guardian residing in Amman and taking full responsibility for the student's welfare. If parents or guardians are absent from home for overnight or longer, a temporary adult guardian will stay with the student and take responsibility for his/her day-to-day welfare. Please submit all notices of temporary guardianship as well as updates on your address and telephone numbers to the Registrar's office.

If a student is accepted, original copies of test scores and transcripts must be submitted to ACS. All documents submitted within the application form will become the property of ACS Amman.

ACS reserves the right not to grant admission to any student who has been dismissed from another school for academic, disciplinary, or other reasons. Any student who fails to or whose parent or guardian fails to reveal such a record at the time of enrollment will be subject to withdrawal from ACS.

Parents or guardians give ACS permission to contact the previous school(s) to gather information on the student's applications. Parents or guardians also give ACS permission to use photos of the applicant taken throughout the school year for promotional purposes unless otherwise indicated by the parent or guardian in writing.

All acceptances to ACS are provisional, pending a complete review of the student's official school records and, as necessary, further testing by the school.

I hereby make an application for admission of the pupil named above to the American Community School in accordance with the terms, rules, regulations and application statement of the school.

My signature below indicates that all information contained in this application is complete and accurate. Any misrepresentation or deliberate omission will result in immediate withdrawal from ACS.

Parent's Signature _____

Date _____



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School Fees for the 2011 / 2012 School Year

Pre-kindergarten I 3-year-olds*	USD 4,500 per child per year
Pre-kindergarten II 4-year-olds*	USD 5,000 per child per year
Kindergarten	USD 8,715 per child per year
Grades 1 through 5	USD 10,895 per child per year
Grades 6 through 8	USD 12,685 per child per year
Grades 9 through 10	USD 14,770 per child per year
Grades 11 through 12	USD 14,985
Round Trip Bus Fee (optional)	USD 1,500 per child per year
One Way Bus Fee (optional)	USD 1,100
Capital Fund Assessment grades 1 - 12	USD 4,500 per child, one time only
Non-refundable Registration Fee	USD 1,500 per child
Registration fees will go towards the tuition	USD 2,250 per family with more than one child
Graduation Fee	USD 95.00 (grade 12 students only)
Yearbook Fee	USD 45.00 (optional)

Payment Policy

The capital fund assessment, tuition and transportation fee, if applicable, shall be due no later than the first day the student starts school. Payment after this date shall result in a penalty calculated at 1% per month compounded interest for the period from the student's first day of school. In the event that full payment is not received within 30 days of the student's first day of school, the student(s) may face suspension until the amount due is received. A student attending one day of any given quarter is required to pay the full tuition for the quarter(s).

Students accepted for admission must pay a non-refundable and non-transferable registration fee of USD1500 per student or USD2250 per family, which will be credited toward the student's tuition. Newly admitted students will be assessed at the time of acceptance with payment due immediately. The school will not guarantee admission to any student who has not paid the registration fee.

Students accepted on the waiting list must pay a USD1500 registration fee per student or USD2250 per family to remain on the waiting list. This registration fee will be credited toward the student's tuition upon starting school. This fee is only refundable prior to being accepted from the waiting list and during the one week acceptance notice.

Payment Plan: Parents may opt to pay the Capital Fund Assessment fee over 2 or 3 years and the tuition and other school fees in three equal installments without incurring penalties. New families paying the tuition in installment must notify the school and make the first payment by April 15 or the end of the school year, whichever comes first after their acceptance. Subsequent payments will be invoiced on September 1 and January 15. All payments are due within 15 days, after which a penalty will apply as above. In the event a student does not enroll, the school will refund prepayments less the non-refundable registration fee.

REFUND OF TUITION AND FEES

If a student is withdrawn before the end of the first quarter of a semester and the parents have paid for the entire semester (two quarters), a refund of tuition will be given only for the second quarter of that semester. If a student is enrolled for one day in any of the quarters, the parents are liable for paying the entire quarter's tuition and fees. A refund of the transportation fee when appropriate, will be made on the same basis as tuition.

In the event one of the conditions below causes any student(s) to be withdrawn from the school the tuition already paid in full for the school year will not be refunded, or, if unpaid, will be due. These conditions include, but are not limited to the following:

1. The company/industry where the parent or guardian is employed is expropriated;
2. The U.S. Department of State declares that, due to a deteriorating political +or military situation or natural disaster, that U.S. nationals are advised to leave Jordan;
3. Other embassies or international organizations declare that due to a deteriorating political or military situation or natural disaster, that their nationals/employees are advised to leave Jordan;
4. The school is closed due to fire, earthquake, or other natural or man-made disaster.

I have read and understood the Payment Policy and my signature indicates that I agree to the policy set forth.

Parent's Signature _____

Date _____



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Business Office Notification

If you already have children attending and returning to ACS, please check here

Please list the names and information of each student you are applying for below, including the applicant of this application form.

	Names of Children Entering School	Grade	Bus Service Request	
			Yes	No
1	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
2	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
3	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
4	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
5	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>

Billing Information

Billing Contact Name / Company _____

US Embassy staff, please state which department _____

Telephone _____ Mobile _____

Fax _____ E-mail _____

Payment Options & Terms

A payment plan is only available for applications received before the month of June for fall admissions.

- Tuition payment in full
- Tuition payment in 3 installments (April 15, September 1, January 15)

Please select the payment option that applies to you.

- CFA fee payment in full
- CFA fee paid over 2 years (USD3000 first year, USD1500 second year)
- CFA fee paid over 3 years (USD3000 first year, USD750 second year, USD750 third year)

Please contact the Business Office at **Tel: +962 (06) 581 3944** or **E-mail: businessoffice@acsamman.edu.jo** to arrange for your non-refundable and non-transferable registration fee payment.



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Health Information

Emergency Contact Information

In the event a child is taken ill or has an injury beyond basic first aid, the student will be taken care of as the parent designates on the *Student Health Emergency Information Form*. Please complete and return this form with your application. Please contact the school regarding any change in emergency information throughout the year.

The Student Health Record

The parent and/or the doctor should complete this. This report is requested in an effort to detect any health problems that could interfere with the student's ability to learn or take part in all school activities, including regular physical education and sports. This record becomes an important part of the School Health Record, helping educators plan an appropriate program for each child.

If a child has a medical condition limiting physical education activities, it is requested he/she bring a verification letter from the physician.

Immunization Record

Please be sure to include copies of all Immunization Records.

Important Note

All children entering ACS are required to have up-to-date boosters against diphtheria-tetanus, polio and measles-mumps-rubella (MMR). Students are also required to have PPD TB skin test within 45 days of enrollment at ACS.

Medication

Parents are to notify the school nurse whenever a student is given a medication for other than a single short-term illness or whenever a student is to take medication during the school day.

Student Health Evaluation

The Nurse will conduct a basic check up for all new students to ensure that the school is prepared in the event your child requires medical attention. New students can meet the Nurse during Orientation before school starts. If your child enters school after Orientation, they are required to pass by the Nurse's office, preferably the day before their first day at school or on their first day upon arrival.



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Student Health Emergency Information

Student's Full Name _____ Male
Surname First Middle Female

Applying to Grade _____ Student Age _____ Date of Birth (mm/dd/yy) _____

Name of Family Physician _____

Preferred Hospital _____

Medical Issues _____

Allergies _____

Permission to give medication Yes No

Emergency Contact

Primary Contact: Mother Father Other (please specify)

Name _____

Relationship to family if "other": _____

Telephone # in case of emergency _____

Mobile _____ E-mail _____

Office Telephone # _____

Office Mobile _____ Work E-mail _____

Medication

Please indicate here if you are giving your child any medication for short-term illnesses or if your child is required to take medication during the school day.

Note: Parents are required to deliver such medication directly to the nurse's office, including dosage instructions.

Parent's Signature _____ Date _____



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Health Record

Does your child take any prescription medication regularly? Yes No

If yes, please explain _____

Does your child have any medical conditions the school should be aware of? Yes No

If yes, please explain _____

Date of last complete physical examination (mm/yy) _____

Student's Physical History

Please check Yes or No. If 'Yes' please explain below under comments.

- | | | | |
|------------------------|--|-----------------------|--|
| Accident - Serious | <input type="checkbox"/> Yes <input type="checkbox"/> No | Muscular Disorder | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Allergy/- Drug/Other | <input type="checkbox"/> Yes <input type="checkbox"/> No | Neurological Disorder | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Asthma | <input type="checkbox"/> Yes <input type="checkbox"/> No | Orthopedic Handicap | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Blood Disorder | <input type="checkbox"/> Yes <input type="checkbox"/> No | Rheumatic Fever | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Congenital Deformity | <input type="checkbox"/> Yes <input type="checkbox"/> No | Seizure Disorder | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Diabetes | <input type="checkbox"/> Yes <input type="checkbox"/> No | Speech Disorder | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Ear Infections | <input type="checkbox"/> Yes <input type="checkbox"/> No | Surgery - Serious | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Hearing Loss | <input type="checkbox"/> Yes <input type="checkbox"/> No | T.B. Contact | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Heart Disease/Problems | <input type="checkbox"/> Yes <input type="checkbox"/> No | Ulcer | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| High Blood Pressure | <input type="checkbox"/> Yes <input type="checkbox"/> No | Urinary Problems | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Illness - Serious | <input type="checkbox"/> Yes <input type="checkbox"/> No | Vision Loss/Problems | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Kidney Disorder | <input type="checkbox"/> Yes <input type="checkbox"/> No | Other | <input type="checkbox"/> Yes <input type="checkbox"/> No |

Comments on medical issues and/or medications:

Immunization Record

	1 st Dose mm/yy	2 nd Dose mm/yy	3 rd Dose mm/yy	Booster mm/yy	Booster mm/yy
Diphtheria/Pertusis/Tetanus (DPT)					
Tetanus/Diphtheria (TD)					
Polio					
Measles					
Mumps					
Rubella					
TB Test					
Other					



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Bus Transportation Form

If you wish to have your children ride the school bus, please fill out the form below. If you are applying for more than one child, please make sure to include all their names and grades.

If you already have children attending and returning to ACS that use the bus service, please check here

Note: Bus services will depend on availability of seats and designated routes. ACS only offers bus services 10km around the school.

	Names of Children Applying and/or Attending ACS	Grade
1	_____	_____
2	_____	_____
3	_____	_____
4	_____	_____
5	_____	_____

Please draw in the empty space below showing the location of your house. Directions written in Arabic would be helpful.