المدرسة المعمدانيّة الإنجيليّة
Beirut Baptist School

Beirut Baptist School
Key Program
Students Application Form

Application Date: _____

Student's Name: _____ _____ _____
Name Father's Name Family Name

Mother's Name: _____ Student's Grade & Section: _____

Address: _____ _____ _____
City Street Address Building & Floor

Phone Number: _____ E-mail Address: _____

Program applied for (Check the appropriate box):

Finish My Agenda
(Monday to Friday 3pm - 5pm)

Grade	Monthly Payment	
Preschool	$150	
Grade 1, 2 & 3	$200	
Grade 4, 5 & 6	$250	
Grade 7 & 8	$350	
Grade 9	$400	

SAT Sessions

Hours/Week	Monthly Payment	
1	$100	
2	$200	
3	$300	

Tutoring Program

Grade	Hours/Week	Monthly Payment	
Grade 1 to 6	1	$80	
	2	$160	
	3	$240	
Grade 7 to 9	1	$100	
	2	$200	
	3	$300	
Grade 10 to 12	1	$120	
	2	$240	
	3	$360	

Please Specify the Subjects: _____

_____

Academic Support
Occupational Therapy/Speech Therapy

Hours/Week	Monthly Payment	
1	$140	
2	$280	

Academic Support
Corrective Program

Hours/Week	Monthly Payment	
1	$80	
2	$160	

Please not that:
1- A deposit payment need to be settled at the accounting office.
2- We will contact you soon regarding the beginning of classes.
3- Each monthly payment needs to be settled in advance.
4- Student's absences and official holidays are not deductible from the payments.
5- This agreement will be automatically renewed by the end of each month.

Disclaimer and Signature

I certify that my answers are true and complete to the best of my knowledge.

Parent Signature: _____ Accountant Signature: _____

Key Program Signature: _____