



American International School of Brazzaville

Local Address: CASE D 24 a Rue des Ecoles; P.O BOX: 1780; Bacongo; Brazzaville, Republic of the CONGO

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FOR OFFICE USE ONLY

Date Received _____ Accepted for Grade _____ Denied Admission _____
Reviewed By (Initials) _____ Date to Start School _____

APPLICATION FOR ADMISSION 2022-2023

Along with this application, you must submit:

- School records from the last two years, in English and with a grading key;
- Special education testing and or an Individual Education Plan (IEP), if applicable;
- Student evaluation form from current teacher;
- Copy of the student's passport or birth certificate
- A copy of your child's immunization records and;
- \$650 registration fee

Applying to Grade _____

Student _____
Family (Last) Name First Name Middle Name

Date of Birth _____ Female Male
Month (write out full month) Day Year

Nationality of Student _____ Place of Birth _____

First language of Student _____ Other Languages of Fluency _____

Does your child speak English? _____ At what level? Beginner Intermediate Advance/Fluent

Father's Nationality _____ First language _____ Speaks English? Yes No

Mother's Nationality _____ First language _____ Speaks English? Yes No

Has your child attended a school before with English as the language of instruction? Yes No

Do you plan to buy daily lunch for your child from the Canteen, for an additional fee? Yes No

PLEASE LIST PREVIOUS SCHOOLS YOUR CHILD ATTENDED: (Most recent school goes first)

Name of School	City/Country	Years Attended	Grades Attended	Language of Instruction

CONTACT INFORMATION OF PARENTS AND/OR GUARDIANS

Name of Father/Guardian _____

Home Address (including house number and street name) _____

Home Phone Number _____ Cell Phone Number _____

E-mail Address _____

City and Country of Current Residence _____

Name & Address of Employer or Business in Congo _____

Business Telephone Number _____

Name of Mother/Guardian _____

Home Address (including house number and street name) _____

Home Phone Number _____ Cell Phone Number _____

E-mail Address _____

City and Country of Current Residence _____

Name & Address of Employer or Business in Congo _____

Business Telephone Number _____

STUDENT INFORMATION

1. What special interests or talents does your child have? _____

2. Has your child ever been evaluated by a psychologist? Yes No If yes, please enclose evaluation report

3. Has your child been diagnosed with learning and or other difficulties? Yes No

4. Has your child ever been in a special education or special needs program? Yes No

5. Does your child have any physical disability? Yes No

Explain _____

6. Has your child ever been suspended, expelled or otherwise removed from another school?

Yes No Explain _____

7. Has your child ever repeated a grade? Yes Which grade? _____ No

Why _____

MEDICAL INSURANCE STATEMENT

AISB students are covered by a local insurance company for injuries that occur at school during school hours or on school trips. In the event of injury, parents will be given an insurance claim form to complete. Please be sure to keep all necessary receipts for reimbursement. However, the local insurance is minimal for cases of serious injury, especially in the case of medical evacuation to Europe or the U.S. We strongly recommend that parents provide their children with evacuation insurance for cases of serious illness, injury, or emergency evacuation. Medical insurance and evacuation insurance are often provided through the employer of the parent, or may be purchased privately.

I have read the insurance statement above

Parent Signature

Date

Parent Signature

Date

Our child is covered under our family medical insurance plan with the following company (write "none" if the child is not covered under an insurance plan):

Name of Insurance Company _____

Telephone Number _____

Name of Covered Employee _____

Employee Number _____ Plan Number _____

TUITION

TUITION WILL BE PAID BY (please check one)

Family

Employer _____

SIGNATURES

I, _____ do hereby submit this application to enroll my son/ daughter in the American International School of Brazzaville, beginning on _____ Day _____ Month _____ Year . In addition,

- I understand that this application for admission does not guarantee enrollment.
- If my child is accepted, I agree to pay his/her school fees before their first day of attendance.
- I understand that I am required to give 30 days notice in writing before removing my son/daughter from AISB for the tuition refund policy to apply.
- I certify that all information provided in this application is true and correct.

Signature of Father _____

Signature of Mother _____

Date _____