



## 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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Emails: info@aisbrazza.org | bmanager@aisbrazza.org | counselor@aisbrazza.org | director@aisbrazza.org

### FOR OFFICE USE ONLY

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

## APPLICATION FOR ADMISSION 2024-2025

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		
_____	_____	_____
Month (write out full month)	Day	Year
Nationality of Student _____	Place of Birth _____	Female <input type="checkbox"/> Male <input type="checkbox"/>
First language of Student _____	Other Languages of Fluency _____	
Does your child speak English? _____ At what level? Beginner <input type="checkbox"/> Intermediate <input type="checkbox"/> Advance/Fluent <input type="checkbox"/>		
Father's Nationality _____	First language _____	Speaks English? Yes <input type="checkbox"/> No <input type="checkbox"/>
Mother's Nationality _____	First language _____	Speaks English? Yes <input type="checkbox"/> No <input type="checkbox"/>
Has your child attended a school before with English as the language of instruction? Yes <input type="checkbox"/> No <input type="checkbox"/>		
Do you plan to buy daily lunch for your child from the Canteen, for an additional fee? Yes <input type="checkbox"/> No <input type="checkbox"/>		

**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 \_\_\_\_\_ . In addition,  
Day Month Year

- 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 \_\_\_\_\_