

Application for Enrollment 2020-2021

OFFICIAL USE ONLY
Entry Grade —————
Date admitted ————

Student Information Personal Student Data

Given name	
Family name	
Preferred name	
Gender	
Date of Birth	
Place of Birth	
Nationality or Nationalities	
Languages spoken at home	
Other languages	
Desired Grade Enrollment	

Family Information

Father/Guardian	Mother/Guardian	
Family name	Family name	
Given name	Given name	
Nationality	Nationality	
Employer	Employer	
Position	Position	



We develop intellectually audacious, socially responsible citizens of the world.

Contact Information

AISC uses phone, messaging and email to communicate. Please provide your contact information

Father/Guardian		Mother/Guardian	
Given name		Given name	
Telephone Home		Telephone Home	
Work		Work	
Mobile		Mobile	
E-mail		E-mail	
Home address		Home address	
Other Information	on		
Emergency Conta	ct Information		
Please provide the na notified in an emerge		rmation of a person who may be s are not available.	
Family name :	First name :	Relationship :	
Telephone :	E-mail :		
Family name :	First name :	Relationship :	
Telephone :	E-mail :		
Family name :	First name :	Relationship :	
Telephone :	E-mail :		



Previous School Information

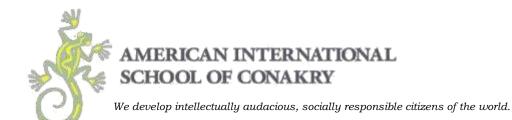
Please provide information concerning previous schools attended, starting with the most recent school. Previous school records must be supplied for the applications to be complete.

School			
Location		Dates attended	Grades Attended
Telephone	Fax	E-mail	
Language of instruction		Other languages studied	
School			
Location		Dates attended	Grades Attended
Telephone	Fax	E-mail	
Language of instruction		Other languages studied	
School			
Location		Dates attended	Grades Attended
Telephone	Fax	E-mail	
Language of instruction		Other languages studied	

AISC Medical Information Form and Certificate of Vaccination

Please complete all information requested on this form. This information is considered confidential. It is very important to notify the school Registrar with any changes in phone numbers, contact details, or medical information

Student lives with: Botl	n parents 🛭 Father 🗆	☐ Mother ☐ Other (Please	specify)
Father/Guardian		Mother/Guardian	
Family name		Family name	
First name		First name	
TelephoneHome		TelephoneHome	
Work		Work	
Mobile		Mobile	
E-mail		E-mail	
EMERGENCY CONTACT	(in case parents cann	ot be reached)	
Primary Contact Name:		Secondary Contact Nam	e:
Relationship:		Relationship:	
Phone number:		Phone number:	
E-mail:		E-mail:	
STUDENT MEDICAL HIS	TORY		
Allergies (Food, meds, insect, seasonal) Please specify	□YES □NO	Frequent Headaches	□YES □NO
Asthma	□YES □NO	Hearing problems	□YES □NO
Diabetes	□YES □NO	Heart disorder	□YES □NO
Epilepsy/ Seizure Disorder	□YES □NO	Hepatitis A/B/C	□YES □NO
ADD/ADHD	□YES □NO	Scoliosis	□YES □NO
Anxiety Disorder	□YES □NO	Skin Problems	□YES □NO
	□YES □NO	Vision problems	□YES □NO
Speech difficulty		Wears glasses	□YES □NO
Speech difficulty Gastrointestinal Disorder	□YES □NO	Wears Blasses	





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Immunization Records to be filled by physician

Please attach a copy of your child's immunization records or have your doctor complete this schedule, including all exact dates. Immunization records must be either in English or in French. Information in other languages is not accepted.

Hepatitis B Diphtheria, Tetanus, Pertussis H. Influenza type b Inactivated Poliovirus Pneumococcal Measles, Mumps, Rubella Varicella (Chickenpox) Hepatitis A Rotavirus Influenza (yearly vaccine)	Vaccine	Date	Administered by	Next Dosage
Pertussis H. Influenza type b Inactivated Poliovirus Pneumococcal Measles, Mumps, Rubella Varicella (Chickenpox) Hepatitis A Rotavirus Human Papillomavirus Influenza (yearly vaccine)	Hepatitis B			
Inactivated Poliovirus Pneumococcal Measles, Mumps, Rubella Varicella (Chickenpox) Hepatitis A Rotavirus Human Papillomavirus Influenza (yearly vaccine)	Diphtheria, Tetanus, Pertussis			
Pneumococcal Measles, Mumps, Rubella Varicella (Chickenpox) Hepatitis A Rotavirus Human Papillomavirus Influenza (yearly vaccine)	H. Influenza type b			
Measles, Mumps, Rubella Varicella (Chickenpox) Hepatitis A Rotavirus Human Papillomavirus Influenza (yearly vaccine)	Inactivated Poliovirus			
Rubella Varicella (Chickenpox) Hepatitis A Rotavirus Human Papillomavirus Influenza (yearly vaccine)	Pneumococcal			
Hepatitis A Rotavirus Human Papillomavirus Influenza (yearly vaccine)				
Rotavirus Human Papillomavirus Influenza (yearly vaccine)	Varicella (Chickenpox)			
Human Papillomavirus Influenza (yearly vaccine)	Hepatitis A			
Influenza (yearly vaccine)	Rotavirus			
	Human Papillomavirus			
	Influenza (yearly vaccine)			
Utner vaccines Utner vaccines	Other Vaccines			

Physician Signature:	Date:
I certify that all information given on this form is complete a lacknowledge that it is my responsibility to inform the Reg International School of Conakry, of any changes in my medical needs.	istrar or the Director of American
Parent Signature:	
Print Name:	Date:

Mm/dd/yy

Authorized Persons for Pick Up (to be completed by all parents, whether your child takes the school bus or not).

Driver Information

Please writre your driver's information here.

Dr	iver	#1	Info	rmati	on

Name	
Driver License Number	
Driver Phone Number	
Car Make/ Model and Color	
License Plate Number	

Driver #2 Information

Name	
Driver License Number	
Driver Phone Number	
Car Make/ Model and Color	
License Plate Number	



Please locate your neighborhood with your house.



Fees and Tuition

Fees 2020-2021			
New Student Registration Fee: This fee is a one-time only fee	\$ 1200		
Annual Capital Fees per student	\$ 1000		
Association Fee per family:	\$10		
English as another Language	\$ 800 per semester		
Learning Support	\$ 2000 per year		

Tuition 2020-2021			
	K-5	6-8	9-12
Host Country National and American Missionary	\$ 10,476	\$ 10,800	\$ 11,448
Foreign National No Education Allowance	\$ 11,740	\$ 12,750	\$ 13,892
Corporate/Diplomatic Allowance	\$ 17,500	\$ 17,500	\$ 19,750

Sibling Discount: AISC is pleased to offer the following discount rate on tuition to siblings:

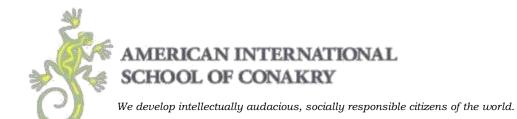
- Full tuition for your oldest child;
- 10% discount for your second and younger child;
- 15% discount for your third and youngest child;
- 20% discount for your fourth and youngest child as well as for each of your children beyond the fourth.

Students enrolling after the school year begins will be liable for fees according to their date of enrollment. Tuition will be due for the whole trimester of any enrollment during the trimester, and all subsequent trimesters.

Tuition is due on the first day of enrollment. After 30 days, a late fee of 5% will be assessed. After 60 days of non-payment, a fee of 10% will be assessed. At 90 days, if tuition has not been paid, the student will be disenrolled.

The payer is responsible for any collection charges or bank fees due as a result of a transfer and will be billed for any such fees that result in the reduction in the amount paid when compared to the amount due to AISC.

Regrettably, students who have not paid tuition will not be allowed to attend classes.



TUITION PAYMENT

Tuition payment may be made in USD or GNF. There are three main payment options; please read them carefully, and choose one.

1. PAYING IN GNF:

Please pay by wire transfer to the school's **UBA account**:

Name: American International School

Bank: UBA Guinea

Account number: 60051050000221

Branch code: GN Swift Code: CITIUS33

Code RIB: 015005105000022180

2. PAYING IN USD from a GUINEAN or other non-U.S. BANK ACCOUNT

You must pay by wire transfer to the school's **UBA account**:

Name: American International School

Bank: UBA Guinea

Account number: 60052130000919

Branch code: GN Swift Code: CITIUS33

Code RIB: 015005105000022180

3. PAYING IN USD from a U.S.-based BANK ACCOUNT:

If you pay in USD from a bank in the **USA**, you may pay in two ways:

Make an electronic wire transfer, or

Write a check.

3.1 Payment by electronic wire transfer from US Domestic Bank:

Beneficiary Name: American International School of Conakry

Beneficiary Account number: 4338872131

Beneficiary Address: Management Officer, AISC, Dept. of State

2110 Conakry Place

Washington, DC 20521-2110

Receiving Bank: TD Bank

Wilmington, Delaware

Receiving ABA: 0311-0126-6

3.2 Write a check on a US -based bank account:

Make the check out to *The American International School of Conakry and* deliver it to school. We will send the check to our bank in the United States.

Checklist of Required Documents to Submit with Registration Form:

☐ Copy of passport or official birth certificate
☐ Two (2) passport photographs
☐ AISC Medical Information Form
☐ Copy of child's immunization record
☐ Official Transcripts and/or Report Cards from previous school(s)
☐ Standardized test results
☐ Maps to home and to parent's office(s)
☐ Language Questionnaire Form
☐ Student Questionnaire Form