



Application for Enrollment 2021-2022

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



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 _____ Work _____ Mobile _____	Telephone Home _____ Work _____ Mobile _____
E-mail	E-mail
Home address	Home address

Other Information

Emergency Contact Information

Please provide the name and contact information of a person who may be notified in an emergency if family members 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.

PARENT CONTACT INFORMATION:

Student lives with: Both parents Father Mother Other (Please specify) -----

Father/Guardian	Mother/Guardian
Family name	Family name
First name	First name
TelephoneHome _____ Work _____ Mobile _____	TelephoneHome _____ Work _____ Mobile _____
E-mail	E-mail

EMERGENCY CONTACT (in case parents cannot be reached)

Primary Contact Name: Secondary Contact Name:
 Relationship: Relationship:
 Phone number: Phone number:
 E-mail: E-mail:

STUDENT MEDICAL HISTORY

Allergies (Food, meds, insect, seasonal) Please specify	<input type="checkbox"/> YES <input type="checkbox"/> NO	Frequent Headaches	<input type="checkbox"/> YES <input type="checkbox"/> NO
Asthma	<input type="checkbox"/> YES <input type="checkbox"/> NO	Hearing problems	<input type="checkbox"/> YES <input type="checkbox"/> NO
Diabetes	<input type="checkbox"/> YES <input type="checkbox"/> NO	Heart disorder	<input type="checkbox"/> YES <input type="checkbox"/> NO
Epilepsy/ Seizure Disorder	<input type="checkbox"/> YES <input type="checkbox"/> NO	Hepatitis A/B/C	<input type="checkbox"/> YES <input type="checkbox"/> NO
ADD/ADHD	<input type="checkbox"/> YES <input type="checkbox"/> NO	Scoliosis	<input type="checkbox"/> YES <input type="checkbox"/> NO
Anxiety Disorder	<input type="checkbox"/> YES <input type="checkbox"/> NO	Skin Problems	<input type="checkbox"/> YES <input type="checkbox"/> NO
Speech difficulty	<input type="checkbox"/> YES <input type="checkbox"/> NO	Vision problems	<input type="checkbox"/> YES <input type="checkbox"/> NO
Gastrointestinal Disorder	<input type="checkbox"/> YES <input type="checkbox"/> NO	Wears glasses	<input type="checkbox"/> YES <input type="checkbox"/> NO
Frequent Nosebleeds	<input type="checkbox"/> YES <input type="checkbox"/> NO	Near sighted/far sighted	<input type="checkbox"/> YES <input type="checkbox"/> NO
Other illness/Conditions? Describe:			



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Has your child had surgery / hospitalization in the past? YES NO

If you have answered **YES** to any of the above or your child has any additional medical concerns, please explain:

I do **do not** give authorization to AISC to administer basic first aid and to seek emergency medical treatment.

Parent Signature:

Print Name: **Date:**



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.

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

Physician Signature: **Date:**

I certify that all information given on this form is complete and correct.

I acknowledge that it is my responsibility to inform the Registrar or the Director of American International School of Conakry, of any changes in my child's health, physical condition or medical needs.

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 write your driver's information here.

Driver #1 Information

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	



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Please locate your neighborhood with your house.



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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