



# Application for Enrollment 2022-23

**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**

<b>Father/Guardian</b>	<b>Mother/Guardian</b>
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**

<b>Father/Guardian</b>	<b>Mother/Guardian</b>
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.

<b>Mandatory Vaccines</b>			
<b>Vaccines</b>	<b>Date</b>	<b>Administered by</b>	<b>Next Dosage</b>
Hepatitis B			
TB			
Measles, Mumps, Rubella			
Varicella (Chickenpox)			
Hepatitis A			
Meningitis acw1y			
<b>Suggested Vaccines</b>			
<b>Vaccines</b>	<b>Date</b>	<b>Administered by</b>	<b>Next Dosage</b>
Diphtheria, Tetanus, Coqueluche, Hep B, Polio & haemophilus Influenza type B (6 in one)			
Inactivated Poliovirus			
Pneumococcal			
Human Papillomavirus			
Yellow fever			

**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.**





## Fees and Tuition

<b>Fees 2022-2023</b>	
<b>New Student Registration Fee:</b> This fee is a one-time only fee	\$ 1200
<b>Annual Capital Fees per student</b>	\$ 1000
<b>Association Fee per family:</b>	\$10
<b>English as another Language</b>	\$ 800 per semester
<b>Learning Support</b>	\$ 2000 per year

<b>Tuition 2022-2023</b>			
	<b>K-5</b>	<b>6-8</b>	<b>9-12</b>
Host Country National and American Missionary	\$ 11,476	\$ 11,800	\$ 12,448
Foreign National No Education Allowance	\$ 12,740	\$ 13,750	\$ 14,892
Corporate/Diplomatic Allowance	\$ 18,500	\$ 18,500	\$ 20,750

**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