

THE AMERICAN SCHOOL OF YAOUNDE

BP 7475, Yaounde, Cameroon

FAX: (237) 22-23-60-11 Telephone: (237) 22-23-04-21 Email: school@asoy.org

APPLICATION FOR ADMISSION

2010-2011

Student: _____
Family Name First Name Middle Name

Date of Birth: ___ - ___ - ___ Female Male
Month Day Year

Nationality of Student: _____ **Place of Birth:** _____

First language of Student: _____

Other Languages of Fluency: _____

Nationality of Father: _____ **First language of Father:** _____

Nationality of Mother: _____ **First language of Mother:** _____

Does your child speak English? _____ Which level? Beginner ___ Intermediate ___ Fluent ___

Do you speak English? Father? _____ Mother? _____

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

If yes, where? _____

Which grades? _____

PLEASE LIST PREVIOUS SCHOOLS ATTENDED:

Name of School	Country	Year	Grade Levels
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

NOTE: School records for at least the past two years must be submitted with this application before enrollment will be considered. Records for high school students must include interpretations of grades starting with grade 9.

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 Cameroon:

Business Telephone Number: _____

Name of Mother or 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 Cameroon:

Business Telephone Number: _____

Student Information

1. What special interests or talents does your son/daughter have?

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

3. Has your child been diagnosed with learning and or other difficulties? Yes No
Has your child ever been in a special education or special needs program? Yes No

Emergency Contact Information

I, _____, do hereby submit this application to enroll my son/ daughter in the American School of Yaounde, beginning on ___ - ___ - ____.
Day Month Year

In addition,

- I understand that this application for admission does not guarantee enrollment.
- I understand that my child's health and immunization records must accompany this application.
- I understand that my child's school records for the past two years must accompany this application, and that grade interpretations must accompany reports from grade 9.
- I agree to pay school fees for my son/daughter before the first day of attendance..
- I agree to pay school fees for my son/daughter by the published due dates.
- I understand that I am required to give 30 days notice in writing before removing my son/daughter from ASOY for the tuition refund policy to apply.
- I have read and understood the rules and policies of the Parent and Student Handbook, and agree to support and follow the contents unconditionally.
- I certify that all information provided in this application is true and correct.

Signature of Father: _____

Signature of Mother: _____

Date: _____

I would like to request the ASOY **Bus Service** for my son/daughter. Yes No

I am interested in the **ASOY Boarding House** for my son/daughter. Yes No

Note: There is an additional application for the Boarding House.

ASOY Health Clinic
STUDENT HEALTH INFORMATION

Immunization records must be submitted with the application.

Student Name: _____

Date of Birth: ____ - ____ - ____
 Month Day Year

Female **Male**

Blood Type: _____ **Medication(s) taken regularly:** _____

Health History

	Yes	No		Yes	No
Abdominal Complaints	<input type="checkbox"/>	<input type="checkbox"/>	Injuries, burns	<input type="checkbox"/>	<input type="checkbox"/>
Allergies	<input type="checkbox"/>	<input type="checkbox"/>	Kidney Disorders	<input type="checkbox"/>	<input type="checkbox"/>
Bronchial Asthma	<input type="checkbox"/>	<input type="checkbox"/>	Malaria	<input type="checkbox"/>	<input type="checkbox"/>
Chickenpox	<input type="checkbox"/>	<input type="checkbox"/>	Measles	<input type="checkbox"/>	<input type="checkbox"/>
ENT (Ear/Nose/Throat)	<input type="checkbox"/>	<input type="checkbox"/>	Menstrual Problems	<input type="checkbox"/>	<input type="checkbox"/>
Epilepsy	<input type="checkbox"/>	<input type="checkbox"/>	Mumps	<input type="checkbox"/>	<input type="checkbox"/>
Eye Problems	<input type="checkbox"/>	<input type="checkbox"/>	Neurological Disease	<input type="checkbox"/>	<input type="checkbox"/>
Food Allergies	<input type="checkbox"/>	<input type="checkbox"/>	Polio	<input type="checkbox"/>	<input type="checkbox"/>
Fever	<input type="checkbox"/>	<input type="checkbox"/>	Rheumatic Fever	<input type="checkbox"/>	<input type="checkbox"/>
Fractures	<input type="checkbox"/>	<input type="checkbox"/>	Rubella	<input type="checkbox"/>	<input type="checkbox"/>
Genital Abnormalities	<input type="checkbox"/>	<input type="checkbox"/>	Scarlet Fever	<input type="checkbox"/>	<input type="checkbox"/>
Headaches	<input type="checkbox"/>	<input type="checkbox"/>	Sickle Cell Anemia	<input type="checkbox"/>	<input type="checkbox"/>
Head Injuries	<input type="checkbox"/>	<input type="checkbox"/>	Skin &/or Scalp Infections	<input type="checkbox"/>	<input type="checkbox"/>
Heart Disease	<input type="checkbox"/>	<input type="checkbox"/>	Tuberculosis	<input type="checkbox"/>	<input type="checkbox"/>
Hepatitis	<input type="checkbox"/>	<input type="checkbox"/>	Urinary Disorders	<input type="checkbox"/>	<input type="checkbox"/>

Please explain: _____

Student Medical Information

1. Please provide any other special health information of which we should be aware: _____

***In case of emergency situations, we will need to locate your place of residence.
Please draw a map from the school to your residence on this sheet.***