

AMERICAN SCHOOL OF YAOUNDE

BP 7475, Yaounde, Cameroon
 Telephone: (237) 22-23-04-21 / 22-22-94-65
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 E-Mail: school@asoy.org

APPLICATION FOR RESIDENTIAL BOARDING FACILITY

School Year 2009-2010

STUDENT: _____

_____	_____	_____
Family Name	First Name	Middle Name

Date of Birth: _____

Month Day Year

Female Male

Nationality of student: _____

First language of student: _____

Other languages of proficiency: _____

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: _____

Location of Current Residence: _____

Name & Address of Employer or Business:

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: _____

Location of Current Residence: _____

Name & Address of Employer or Business:

Business Telephone Number:

Medical Insurance Statement

INSURANCE

ASOY boarding students are covered by a local insurance company for injuries that occur at school, on school trips, or at the boarding facility. Parents are required to provide their children with medical insurance that covers all other injuries and illnesses.

We strongly recommend that parents provide their children with evacuation insurance for cases of serious illness, injury, or emergency. 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

Students will not be admitted without proof of health insurance. Please provide a copy of the front & back of your child's insurance card(s).

Our child is covered under the following insurance plan(s):

Medical Insurance

Name of Insurance Company:

Phone Number:

Name of Covered Employee:

Employee Number: _____ Plan Number:

Evacuation Insurance

Name of Insurance Company:

Phone Numbers:

Name of Covered Employee:

Employee Number: _____ Plan Number:

Student Information

Parents, please answer the following questions.

1. Has your child lived in a boarding facility before? If so, where and for how long?

2. What time does your child usually go to bed on week nights?

3. Please list any unusual sleeping habits your child may have:

4. Please list any dietary concerns of your child:

a. Allergies:

b. Religious restrictions:

c. Other restrictions:

d. Preferences:

5. Please list any special religious practices your child needs to observe:

6. Please describe the type of student your child typically has been in school.

7. Please describe you child's study habits.

8. What are your child's favorite school subjects? Least favorite subjects?

9. Has your child lived in a boarding facility before? If so, where and for how long?

10. What time does your child usually go to bed on week nights? Weekends?

11. Please list any unusual sleeping habits your child may have:

12. Please list any dietary concerns of your child:

e. Allergies:

f. Religious restrictions:

g. Other restrictions:

h. Preferences:

Please list any special religious practices your child needs to observe:

13. Please describe the type of student your child typically has been in school.

14. Please describe you child's study habits.

15. What are your child's favorite school subjects? Least favorite subjects?

16. What does your child enjoy doing in her/his leisure time?

17. Will your child have a cellular telephone? Yes No

12. Will your child have a computer? Yes No

13. Will you be providing your child an allowance? Yes No

14. How would you describe your child? (level of independence, ability to make friends, creativity, leadership skills, special talents, etc.)

15. Please tell us anything else you think we should know about your child.

Field Trip and Excursion Permission

I grant permission for my child to participate in of-campus school field trips and boarding house recreational and entertainment outings:

Yes No

Parent Signature Date Parent Signature Date

Residential Boarding House Deposit:

Due June 1, 2008

To reserve a place for my child at the ASOY boarding facility for the 2009-2010 school year, I hereby submit a deposit of \$1000 with this application.

I understand that if I do not submit this deposit, my child will not be ensured a place at the boarding house, and that students who have paid the deposit by the deadline of June 1, 2009 will take precedence over my child.

Parent Signature Date Parent Signature Date