



# **AISN Application**

## **School Year**

### **2018-2019**

**(Updated February 2016)**

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*AISN offers an accredited American International education committed to excellence, achieved through a partnership with the AISN community to prepare our students for admission to universities worldwide, transfer to other American/International Schools, and to public or private schools in the USA.*



### 1. Application for Admission

**APPLYING FOR:**  Pre-School (age 3 or 4)  Kindergarten (age 5)  Elementary School (age 6-11)  
 Middle School (age 12 or 13)  High School (age 14-17)

#### STUDENT INFORMATION

Family Name: \_\_\_\_\_

First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_

Gender:  female  male

Date of birth (day, months, year): \_\_\_\_\_

Place of birth (city, state, country): \_\_\_\_\_

Nationality of student: \_\_\_\_\_

Nationality of parents: \_\_\_\_\_

Primary language spoken at home: \_\_\_\_\_

English Language Skills:  None  Limited  Good  Excellent

Do parents speak English?  Yes, we can communicate in English  No, we would need translation.

Languages spoken by parents: \_\_\_\_\_

Has child attended other school (s) where English was the language of instruction?

No  Yes. Where and when? \_\_\_\_\_

Please list the three previous schools your child has attended (start from the most recent):

<u>Name of School(s)</u>	<u>Country</u>	<u>Dates of Attendance</u>	<u>Age and/or Grade(s)</u>
1) _____	_____	_____ - _____	_____
2) _____	_____	_____ - _____	_____
3) _____	_____	_____ - _____	_____

Describe any special interests/areas that you think might help the school to know your child better:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*Please print or type information so that we can read it. Thank you!*



If you have other children enrolled at AISN, please provide name(s), age and/or grade(s):

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Does your child have any physical disability that would affect his/her ability to participate normally in school activities, particularly Physical Education and on Sports Teams?

No  Yes. Please provide details on a separate sheet of paper.

Does your child have any diagnosed learning disabilities that you are aware of?

No  Yes. Please provide details on a separate sheet of paper.

Has your child been in any special education (gifted/talented, learning support) programs in the past?

No  Yes. When and for what reason(s): \_\_\_\_\_

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Please make additional comments concerning other personal or educational considerations (medical; educational; emotional, etc.):

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**PARENT INFORMATION:**

*Mother or guardian*

Family Name: \_\_\_\_\_

First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_

Place of employment in Nouakchott: \_\_\_\_\_

Home Phone Number: \_\_\_\_\_

Cell Phone Number: \_\_\_\_\_

Home Address (house and street numbers): \_\_\_\_\_

E-mail address(es): \_\_\_\_\_

**Please print or type information so that we can read it. Thank you!**



*Father or guardian*

Family Name: \_\_\_\_\_

First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_

Place of employment in Nouakchott: \_\_\_\_\_

Home Phone Number: \_\_\_\_\_

Cell Phone Number: \_\_\_\_\_

Home Address (house and street numbers): \_\_\_\_\_

E-mail address(es): \_\_\_\_\_



## 2. Insurance Statement

In the case of serious injury, especially if medical evacuation were to be needed, families should have their own medical and evacuation insurance. Medical and emergency evacuation insurance is often provided through the parents' employer. Parents are encouraged to privately purchase such insurance if it is not provided by their employer.

**I have read the insurance statement above. Our child is covered under**

Family Insurance Policy. Please provide name of insurance company:

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Employer Insurance Policy. Please provide name of insurance company:

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My child is NOT covered under any insurance policy.

I hereby release the American International School of Nouakchott from any liability for my child when he or she is playing on the school property and properly supervised or riding in the school vehicle.

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Parent's/Guardian's Signature

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Place and Date



### 3. Photograph Release

Student Family Name: \_\_\_\_\_

Student First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_

I authorize the use of my child's photo and name on the school website, newsletters or school publicity. As a parent I understand I have the right to terminate this release by signing the school's Termination of the Use of Student Photos Agreement.

I **DO NOT** authorize the use of my child's picture and name on the AISN web page.

\_\_\_\_\_  
Parent's/Guardian's Signature

\_\_\_\_\_  
Place and Date



#### 4. Emergency Contact Sheet

Student Family Name: \_\_\_\_\_

Student First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_

##### Emergency Contact

###### *Primary Emergency Contact*

Relation (i.e. father, mother, guardian, etc): \_\_\_\_\_

Family Name: \_\_\_\_\_

First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_

Emergency Contact Number(s) Home: \_\_\_\_\_

Emergency Contact Number(s) Work: \_\_\_\_\_

Emergency Contact Number(s) Cell: \_\_\_\_\_

###### *If we cannot be reached, please contact*

1) Relation (i.e. father, mother, guardian, etc): \_\_\_\_\_

Family Name: \_\_\_\_\_

First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_

Emergency Contact Number(s) Home: \_\_\_\_\_

Emergency Contact Number(s) Work: \_\_\_\_\_

Emergency Contact Number(s) Cell: \_\_\_\_\_

2) Relation (i.e. father, mother, guardian, etc): \_\_\_\_\_

Family Name: \_\_\_\_\_

First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_

Emergency Contact Number(s) Home: \_\_\_\_\_

Emergency Contact Number(s) Work: \_\_\_\_\_

Emergency Contact Number(s) Cell: \_\_\_\_\_

**Please print or type information so that we can read it. Thank you!**



**In cases of extreme emergency when I cannot be reached or any of the emergency contact numbers cannot be reached, I give AISN permission to transport my child to (list clinic or doctor and address and telephone number).**

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Parent's/Guardian's Signature

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Place and Date





## 5. Enrollment and Tuition Statement

### TUITION WILL BE PAID BY

- Parents
- Employer, please specify: \_\_\_\_\_
- Other, please specify: \_\_\_\_\_

I, (your name) \_\_\_\_\_, hereby:

- ✓ Apply to have my son/daughter enrolled in the American International School of Nouakchott beginning:  
Day, month (spell out), year: \_\_\_\_\_
- ✓ Understand that this is an application for admission and does not guarantee enrollment.
- ✓ Understand that any fees must be paid in accordance with current Board Policy.
- ✓ Understand that in the case of late admission or withdrawal, full tuition is due for the quarter that the child is enrolled in or withdrawn from the school.
- ✓ Understand that school fees are charged on an annual basis but are payable either as a single payment by September 10<sup>th</sup> or twice by September 10<sup>th</sup> and January 30<sup>th</sup>.
- ✓ Understand that I am required to give notice in writing before removing my son / daughter from AISN.
- ✓ Understand that the school has the right to not accept or to cancel a student registration for: Serious misconduct, being deemed to be a corrupting or bad influence on other students, not achieving the requisite scholastic grade standard, and/or failing to pay school fees on time. In the case of expulsion of a student by the school for any reason whatsoever, there shall be no refund of tuition paid.
- ✓ Understand that the school is unable to meet the needs of exceptional students. The current school size does not allow employing a certified instructional specialist to meet their needs.
- ✓ Agree to follow and support philosophy and policies of AISN.
- ✓ Certify that all of the information provided on this application is correct.

I have read, understood and agreed that admission to AISN shall be subject to the above terms and conditions.

\_\_\_\_\_  
Parent's/Guardian's Signature

\_\_\_\_\_  
Place and Date



## 6. Student Personal Health and Medical Information

*To be completed by parent prior to enrolling student*

### STUDENT

Student Family Name: \_\_\_\_\_

Student First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_

Gender:  female  male

Date of birth (day, months, year): \_\_\_\_\_

Blood type: \_\_\_\_\_

Current Illness(es): \_\_\_\_\_

Medication(s) taken regularly: \_\_\_\_\_

### MEDICAL HISTORY:

	YES	NO		YES	NO
Neurological Disease	<input type="checkbox"/>	<input type="checkbox"/>	Hepatitis	<input type="checkbox"/>	<input type="checkbox"/>
Epilepsy	<input type="checkbox"/>	<input type="checkbox"/>	Malaria	<input type="checkbox"/>	<input type="checkbox"/>
Headaches	<input type="checkbox"/>	<input type="checkbox"/>	Measles	<input type="checkbox"/>	<input type="checkbox"/>
Head Injury	<input type="checkbox"/>	<input type="checkbox"/>	Mumps	<input type="checkbox"/>	<input type="checkbox"/>
Eye Problems	<input type="checkbox"/>	<input type="checkbox"/>	Polio	<input type="checkbox"/>	<input type="checkbox"/>
ENT (ear/nose/throat)	<input type="checkbox"/>	<input type="checkbox"/>	Rheumatic fever	<input type="checkbox"/>	<input type="checkbox"/>
Heart disease	<input type="checkbox"/>	<input type="checkbox"/>	Rubella	<input type="checkbox"/>	<input type="checkbox"/>
Tuberculosis	<input type="checkbox"/>	<input type="checkbox"/>	Scarlet fever	<input type="checkbox"/>	<input type="checkbox"/>
Bronchial asthma	<input type="checkbox"/>	<input type="checkbox"/>	Menstrual problems	<input type="checkbox"/>	<input type="checkbox"/>
Food allergies	<input type="checkbox"/>	<input type="checkbox"/>	Skin / scalp infections	<input type="checkbox"/>	<input type="checkbox"/>
Allergies	<input type="checkbox"/>	<input type="checkbox"/>	Accidents	<input type="checkbox"/>	<input type="checkbox"/>
Abdominal complaints	<input type="checkbox"/>	<input type="checkbox"/>	Injuries (i.e. burns)	<input type="checkbox"/>	<input type="checkbox"/>
Kidney disorders	<input type="checkbox"/>	<input type="checkbox"/>	Fractures	<input type="checkbox"/>	<input type="checkbox"/>
Urinary disorders	<input type="checkbox"/>	<input type="checkbox"/>	Fever	<input type="checkbox"/>	<input type="checkbox"/>
Genital abnormalities	<input type="checkbox"/>	<input type="checkbox"/>	Chickenpox	<input type="checkbox"/>	<input type="checkbox"/>
Diabetes	<input type="checkbox"/>	<input type="checkbox"/>	Surgery	<input type="checkbox"/>	<input type="checkbox"/>
Asthma	<input type="checkbox"/>	<input type="checkbox"/>	Eyeglasses/Contact lens	<input type="checkbox"/>	<input type="checkbox"/>
Hives	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>

*Please print or type information so that we can read it. Thank you!*



\_\_\_\_\_             \_\_\_\_\_      

Please explain:

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Please give the dates of your child's last inoculations below and provide a copy of their vaccination records:

Polio: \_\_\_\_\_ Whooping Cough: \_\_\_\_\_  
Measles: \_\_\_\_\_ Diphtheria: \_\_\_\_\_  
Mumps: \_\_\_\_\_ Yellow Fever: \_\_\_\_\_  
Rubella: \_\_\_\_\_ Tetanus: \_\_\_\_\_  
Other(s): \_\_\_\_\_

Give other special health information (past or present) that we should know:

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On behalf of the EMBASSY OF THE UNITED STATES OF AMERICA,  
Nouakchott, Mauritania

## 7. Waiver of Responsibility

Student Family Name: \_\_\_\_\_

Student First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_

I, the undersigned, agree that the American Embassy at Nouakchott has no responsibility for me or my eligible guests' safety, and waive all rights to any claim against the United States Government for anything that might happen to me or my guests while using the pool or the Tennis court or any other recreational facility of the Embassy compound.

\_\_\_\_\_  
Parent's/Guardian's Last Name

\_\_\_\_\_  
Parent's/Guardian's First Name

\_\_\_\_\_  
Parent's/Guardian's Signature

\_\_\_\_\_  
Place and Date



On behalf of the EMBASSY OF THE UNITED STATES OF AMERICA,  
Nouakchott, Mauritania

## 8. Swimming Pool Rules - Acknowledgement

Student Family Name: \_\_\_\_\_

Student First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_

I, (your first and last name) \_\_\_\_\_, parent/guardian of  
the above mentioned student, have read and agree to obey all Swimming Pool rules of the Embassy.

I have read the rules on their behalf and will insure their compliance.

\_\_\_\_\_

Parent's/Guardian's Signature

Place and Date