

**American International School of Nouakchott  
Mauritania, West Africa**

Preparing students to become responsible global citizens.

# **AISN Application**

## **School Year**

**2022-2023**

Love of Learning • Critical Thinking • Respect Diversity • Intellectual Curiosity • Sense of Belonging



ACCREDITED



Has your child been in any special education programs in the past?

No                       Yes                      If yes, please provide details on a separate sheet of paper.

Has your child been expelled or excluded from another school in the past?

No                       Yes                      If yes, please provide details on a separate sheet of paper.

Why is your child changing school?

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### **MEDICAL OVERVIEW**

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

No                       Yes                      If 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                      If yes, please provide details on a separate sheet of paper.

Are your child's vaccination records complete and up to date?

No                       Yes

Do you have private medical insurance?

No                       Yes

### **PASSPORT**

**Please provide a copy of your child's passport.**

Date copy of passport received by AISN \_\_\_\_\_

## 2. Contact Information

### Father/Guardian:

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

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

Nationality/ies: \_\_\_\_\_

Language(s) Spoken: \_\_\_\_\_

English Language Skills: None Limited Good Excellent

Place of Employment: \_\_\_\_\_

Contact Number(s) Cell/Home: \_\_\_\_\_

Contact Number(s) Work/Other: \_\_\_\_\_

Email Address: \_\_\_\_\_

### Mother/Guardian:

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

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

Nationality/ies: \_\_\_\_\_

Language(s) Spoken: \_\_\_\_\_

English Language Skills: None Limited Good Excellent

Place of Employment: \_\_\_\_\_

Contact Number(s) Cell/Home: \_\_\_\_\_

Contact Number(s) Work/Other: \_\_\_\_\_

Email Address: \_\_\_\_\_

### Emergency Contact:

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

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

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

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

Languages spoken: \_\_\_\_\_

### 3. Agreements

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

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

#### 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. The school does not provide individual insurance coverage for its students and parents are encouraged to privately purchase such insurance if it is not provided by their employer.

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.

#### Photo Release

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

#### Communication Agreement

I understand and accept that AISN may at times send information related to administration or billing issues to me, in paper copy, with my child.

#### Emergency Treatment Agreement

In cases of extreme emergency where none of the contacts can be reached, I give AISN permission to transport my child to a local doctor/clinic/hospital and accept the treatment that is prescribed understanding that I am responsible for all associated risks and costs.

\_\_\_\_\_

\_\_\_\_\_

Parent's/Guardian's Signature

Place and Date

#### 4. Waiver of Responsibility

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

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

**U.S. Embassy Nouakchott  
Liability Waiver for Recreation Activities**

**AGREEMENT, WAIVER AND RELEASE:**

In consideration of being permitted by U.S. Embassy Nouakchott to participate in activities at our facilities or on a trip organized by the embassy, I hereby waive, release and discharge any and all claims for damage for personal injury, death or property damage which I may have, or which may hereafter accrue to me, as a result of participation in activities at said facilities. This release is intended to discharge in advance the U.S. Embassy Nouakchott and its employees from any and all liability arising out of or connected in any way with my participation in activities at this or any other U.S. Embassy Nouakchott facility or activity even though that liability may arise out of negligence or carelessness on the part of those parties. It is understood that activities such as the ones I will be participating in involve an element of risk and danger of accidents and knowing those risks, I hereby assume those risks. It is further agreed that this waiver, release and assumption of risk is to be binding on my heirs and assigns. I agree to indemnify and to hold harmless, the embassy and its employees from any loss, liability, damage, cost or expense which they may incur as the result of my death or any injury or property damage that I may sustain while participating in any activity at this or any other U.S. Embassy Nouakchott facility or activity.

I HAVE CAREFULLY READ THIS AGREEMENT, WAIVER AND RELEASE AND FULLY UNDERSTAND ITS CONTENTS. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY AND A CONTRACT BETWEEN MYSELF AND THE U.S. EMBASSY NOUAKCHOTT AND I SIGN IT OF MY OWN FREE WILL.

Print Name \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Relationship, if signing for a minor \_\_\_\_\_

## 5. Student Personal Health and Medical Information

### STUDENT

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

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

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

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

### MEDICAL HISTORY:

	YES	NO
Food allergies	<input type="checkbox"/>	<input type="checkbox"/>
Allergies	<input type="checkbox"/>	<input type="checkbox"/>
Diabetes	<input type="checkbox"/>	<input type="checkbox"/>
Asthma	<input type="checkbox"/>	<input type="checkbox"/>
Surgery	<input type="checkbox"/>	<input type="checkbox"/>
Epilepsy	<input type="checkbox"/>	<input type="checkbox"/>
Heart disease	<input type="checkbox"/>	<input type="checkbox"/>
Glasses/Contacts	<input type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>

If you answered yes to any of the questions above, please provide further details here:

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### VACCINATIONS

Please provide a copy of your child's official vaccination record with this form.

Date vaccination records received by AISN \_\_\_\_\_

## 6. 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, 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
- ✓ 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