



**American International School of Brazzaville**

CASE D 24 a Rue des Ecoles;  
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<i>For office use only:</i>	
_____	Date received
_____	Reviewed by (initials)
_____	Accepted for Grade: _____
_____	Date to start school
_____	Denied admission

**APPLICATION FOR ADMISSION 2019-2020**

*Along with this application, you must submit:*

- School records from the last two years, in English and with a grading key;
- Special education testing and or an Individual Education Plan (IEP), if applicable;
- Student evaluation form from current teacher;
- Copy of the student's passport or birth certificate
- A copy of your child's immunization records and;
- \$650 registration fee

Applying to Grade: \_\_\_\_\_

**STUDENT:** \_\_\_\_\_  
 Family (Last) Name First Name Middle Name

**Date of Birth:** \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ **Female**  **Male**   
 Month (write out full month) Day Year

**Nationality of Student:** \_\_\_\_\_ **Place of Birth:** \_\_\_\_\_

**First language of Student:** \_\_\_\_\_ **Other Languages of Fluency:** \_\_\_\_\_

**Does your child speak English?**  **At what level?** Beginner  Intermediate  Advance/Fluent

**Father: Nationality:** \_\_\_\_\_ **First language:** \_\_\_\_\_ **Speaks English?** Yes  No

**Mother: Nationality:** \_\_\_\_\_ **First language:** \_\_\_\_\_ **Speaks English?** Yes  No

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

**Do you plan to purchase daily lunch for your child from the Canteen, for an additional fee?** Yes  No

**PLEASE LIST PREVIOUS SCHOOLS YOUR CHILD ATTENDED: (Most recent school goes first)**

<i>Name of School</i>	<i>City/Country</i>	<i>Years attended</i>	<i>Grades attended</i>	<i>Language of instruction</i>

## 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 Congo:

\_\_\_\_\_  
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 Congo:

\_\_\_\_\_  
Business Telephone Number: \_\_\_\_\_

## Student Information

1. What special interests or talents does your child have? \_\_\_\_\_
2. Has your child ever been evaluated by a psychologist? Yes  No  *If yes, please enclose evaluation report.*
3. Has your child been diagnosed with learning and or other difficulties? Yes  No
4. Has your child ever been in a special education or special needs program? Yes  No
5. Does your child have any physical disability? Yes  No  Explain:  
\_\_\_\_\_
6. Has your child ever been suspended, expelled or otherwise removed from another school?  
Yes  No  Explain: \_\_\_\_\_
7. Has your child ever repeated a grade? Yes  Which grade? \_\_\_\_\_ No   
Why?  
\_\_\_\_\_  
\_\_\_\_\_

