



**AMERICAN INTERNATIONAL SCHOOL OF FREETOWN
APPLICATION FOR ADMISSION**

LAST NAME:		FIRST NAME:	
SEX: M <input type="checkbox"/> F <input type="checkbox"/>		DATE OF BIRTH Month: Day: Year:	
PLACE OF BIRTH:		COUNTRY OF CITIZENSHIP:	
PASSPORT NO.		PLACE ISSUED:	
IMMUNIZATION HISTORY: A copy of the immunization record MUST be attached			
PREVIOUS SCHOOLS ATTENDED			
SCHOOL	DATES:	GRADE:	LANGUAGE OF INSTRUCTION:
NATIVE LANGUAGE :		YEARS STUDYING ENGLISH:	
FATHER		MOTHER	
LAST NAME:	FIRST NAME:	LAST NAME :	FIRST NAME :
NATIONALITY:		NATIONALITY:	
FREETOWN ADDRESS:		FREETOWN ADDRESS:	
PROFESSION:		PROFESSION:	
NAME OF ORGANIZATION/FIRM:		NAME OF ORGANIZATION/FIRM:	
WORK ADDRESS:		WORK ADDRESS;	
POSITION/TITLE		POSITION/TITLE	
E-MAIL ADDRESS:		E-MAIL ADDRESS:	
TEL NO. (HOME)		TEL NO. (HOME)	
TEL NO. (OFFICE)		TEL NO. (OFFICE)	



AMERICAN INTERNATIONAL SCHOOL OF FREETOWN HEALTH INFORMATION FORM

SCHOOL ENTRANCE HEALTH PROCEDURES. AISF requires that your child be completely immunized before entering AISF. **Documents required are the Health information Form, the Medical Emergency Procedures Form, and the Physical Examination Report.** These forms must be completed within the year prior to the student's enrollment at AISF.

Student's Name : _____ Grade: _____
(Last) (First) (Middle)

Date of Birth: _____ Sex: _____ Place of Birth: _____
(Month) (Day) (Year)

Freetown Address: _____

Name of Mother or Legal Guardian: _____

Home Phone: _____ Work Phone: _____

Name of Father or Legal Gurdian: _____

Home Phone: _____ Work Phone: _____

List all prescription and over-the counter medications your child takes regular: _____

Describe any other important health-related information about your child: _____

Name/contact information of your child's pediatrician or primary care provider in Freetown: _____

Names of medical specialist or special caring for your child: _____

Assessment of Student's Health

To the best of your knowledge, has your child had any problem with the following? Please tick **Yes** or **No**.

Condition	Yes	No	Comments if "Yes"
Allergies (food, insects, drugs, latex, etc.)			
Allergies (Seasonal)			
Asthma or breathing problems			
Attention-Deficit/Hyperactivity Disorder			
Behavioral Problems			
Developmental problems			
Bladder problems			
Bleeding problems			
Bowel problems			
Cerebral palsy			
Cystic fibrosis			
Dental problems			
Diabetes/ Obesity			
Head or spinal injury			
Auditory perception prob./Hearing problems/ Deafness.			
Heart problems			
Hospitalization (when, why)			
Lead poisoning			
Muscular problems.			
Seizures / Epilepsy			
Sickle Cell Disease (not trait)			
Speech problems			
Surgery			
Vision problems			



MEDICAL EMERGENCY PROCEDURES

In the event of an emergency that obviously requires immediate hospitalization, the school will transport your child to Choithram Memorial Hospital and simultaneously attempt to contact you at the phone numbers you have given us. In the case of U.S. Embassy dependents, the Embassy nurse will also be contacted. If parents cannot be reached, the school will contact the individuals that parents have authorized to make emergency medical decisions on their behalf. After being contacted, parents (or authorized decision makers) should proceed immediately to the appropriate hospital. In situation that do not require immediate treatment, the school will make the utmost effort to contact the parents so that they can pick up the child from school. If parents are unavailable, the individuals authorized to make medical decisions will be contacted.

The school has a school nurse, and can offer minor first aid. Drugs (e.g. aspirin) will be administered only after contact and authorization from the parents of the sick child.

EMERGENCY MEDICAL AUTHORIZATION

A. I AUTHORIZED THE FOLLOWING INDIVIDUALS TO MAKE DECISIONS REGARDING MY CHILD IN THE EVENT OF ILLNESS OR EMERGENCY WHEN HIS/HER PARENTS CANNOT BE CONTACTED.

a)	Name	Phone
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b)	Name	Phone
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Parent's Signature	Parent's name in capitals
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**AMERICAN INTERNATIONAL SCHOOL OF FREETOWN
PICK UP INFORMATION FORM**

END OF SCHOOL PICK-UP

Child's Name (blocked capital) _____ Grade: _____

I designate people listed below as persons permitted to pick up my children from the AISF school compound. I understand that at the end of each, the staff member on duty may hand over my children to any of the designated persons only.

NAME	ORGANIZATION	PHONE

EMERGENCY PICK-UP

In case of civil emergency, AISF will notify you immediately. It may be necessary to fetch your children. In case you are not available, please list in the space below the name and contact phone for two persons authorized to pick up your children.

NAME	ORGANIZATION	PHONE

Parent's Signature

Date

Parent's Signature

Date



**AMERICAN INTERNATIONAL SCHOOL OF FREETOWN
PERMISSION SLIP FOR DIRECTORY INFORMATION**

I hereby grant the school permission to use the information as listed below / as corrected below in a school directory for use of all parents. (The usual entry contains names of parents and children, home address, telephone numbers and email address.)

Parent names: _____

Phone: (M) _____ (F): _____

Email: (M) _____

Email: (F) _____

Parent's: _____ Date: _____

Signify your approval: Yes No



AMERICAN INTERNATIONAL SCHOOL OF FREETOWN WAIVER OF RESPONSIBILITY

Please read the following statements carefully, and sign and return this form to the school for our files.

1. My child understand that the American International School of Freetown (AISF) maintains a drug-free school. AISF forbids both staffs and students to unlawfully manufacture, distribute, dispense, sell, possess or use any controlled or illegal substance on the school premises. Action (i.e. dismissal) will be taken against such employees and students for violation of this policy.
2. While parents may be asked to provide transportation for classes on field trips, AISF assumes no liability for my child while they are riding in private vehicles for such activities.
3. I understand that while the American International School of Freetown will make every effort to take reasonable precautions against foreseeable injury, AISF will not assume any responsibility or liability for any accidents caused to my child by natural disaster or during play or sporting activities while in the school and its environs or on school sponsored field trip, nor will AISF assumes responsibility for theft of my child personal belongings.
4. The school disclaims any responsibility whatsoever for the welfare and safety of students who return to the school compound on weekends, or after they have been handed over to those responsible to collect them at the end of the day, or after the time of their activity is over if the child has not been picked up off the school grounds at the proper time.

Parent's Signature

Parent's name (Block capitals)

Date: