



**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:	
<b>IMMUNIZATION HISTORY:</b> A copy of the immunization record <b>MUST</b> be attached			
<b>PREVIOUS SCHOOLS ATTENDED</b>			
SCHOOL	DATES:	GRADE:	LANGUAGE OF INSTRUCTION:
NATIVE LANGUAGE :		YEARS STUDYING ENGLISH:	
<b>FATHER</b>		<b>MOTHER</b>	
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
----	------	-------

b)	Name	Phone
----	------	-------

Parent's Signature	Parent's name in capitals
--------------------	---------------------------



**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:



## TUITION and FEES

### **Annual Tuition:**

- Pre-Kindergarten US\$10,000.00
- Grades K to 4 US\$16,574.00
- Grades 5-8 US\$17,236.00
- Grades 9-12 US\$ 17,236.00 (includes fees charged by the University of Nebraska on- line High School)

**Annual Capital Fee** US \$1,500.00 (used for large capital projects such as technology investments, large investments in the library, moderate facilities improvements, and educational programs.)

**Development Fee (One Time Only)** US\$4,000.00 (used for essential reserve funds for emergency situations and for major facilities improvements)

### **Regulations and Information**

**Tuition and other fees are invoiced in US dollars only. All fees must be paid in US dollars only by electronic transfer to Bank of America.** All wire or bank charges will be charged to the issuer. Bank of America does not add charges for deposits to our account. All bank charges that appear originate with the sending bank. AISF will invoice for any shortfalls resulting from such issuer charges.

### **Tuition Payments**

AISF has two options by which school fees can be paid.

- Option 1: School fees must be paid in full in one single payment at the beginning of the academic year (for which a **discount of 5%** is applied). To receive the 5% discount 100% of tuition and fees must be received and documented by proof of payment prior to September 4, 2018.
- Option 2\*: School Tuition can be paid in advance for each term prior to the beginning of the term. **However, the Development Fee and the annual Capital Fee must be paid in full along with First Trimester tuition.** Payment must be documented by proof of payment prior to the child attending class that term. Due dates for SY 2018-19, by trimester (3 payments) for PreK-8 and by semester (two payments), Grades 9-12 are:

#### **Grades PreK4-8**

- Trimester 1 September 4
- Trimester 2 December 3
- Trimester 3 March 18

#### **Grades 9-12**

- Semester 1 September 4
- Semester 2 January 7

\*Fees are due for an entire term if a student attends any day within the term. In cases where a student enrolls part way through the school year, the term payment schedule (above) automatically applies

\* A discount of two hundred and fifty US dollars (\$250.00) per term is also offered for the third child and all subsequent children of any family that has three or more children enrolled simultaneously in the school. This discount is offered to all eligible families regardless of whether the fees are being paid by the individual or the employer.

**Registration Fee**

If they choose, parents can reserve a place in the school for their children by paying an annual, per-student, non-refundable Registration Fee of \$300.00. **The fee is deductible from tuition.** This fee is non-refundable.

**Tuition Refunds for Full Year Payment**

In cases where a full year's tuition payment has been made and early withdrawal becomes necessary, a partial tuition refund may be made upon receipt of a written request. In cases where the full year's tuition payment has been made at the beginning of the school year refunds will be as follows:

- Two trimesters attended + one trimester not attended = 20% of annual tuition refunded.
- One trimester attended + two trimesters not attended 40% of annual tuition refunded

Note: Attendance in any part of one trimester shall be construed as attendance of the entire trimester insofar as payment of tuition is concerned.

**Force Majeure**

In the event of a force majeure, which causes a student or students to be withdrawn from the school, the fee already received in full for the school year will not be refunded.

**Miscellaneous Fees and Costs**

- Parents are responsible for loss or unreasonable damage to books or other school property.
- After-school activities are optional. Some are provided at nominal fees.
- Families may need to provide specific items such as clothing or racquets as needed for these activities.