**Banjul American International School** 

**P.O. Box 2596, Serrekunda, The Gambia Tel: (220) 4495920 Fax: (220)4497181 Email:** **baes@qanet.gm**

 Application for Admission

Please fill in all items. Type or print in block letters. If you need assistance please do not hesitate to contact us. Applying to Grade: School Year: 20 / 20 Application Date:

#  Family Information

Student’s Name:

Last Name First Name Middle Name

Male Female

Age: Date of Birth: Place of Birth:

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MM/DD/YYYY City, State/Province, Country

Address in Gambia: Home Tel:

Nationality: Other Passport(s) Held:

Primary Language Spoken at Home:

Siblings at BAES: 1 2

Name Grade Name Grade

3 4

Name Grade Name Grade

**Father’s Name**: Nationality:

Employer: Agency:

PO Box: Tel: Fax:

Mobile No: E-mail Address:

**Mother’s Name**: Nationality:

Employer: Agency:

PO Box: Tel: Fax:

Mobile No: E-mail Address:

#  Student Information

What are the student’s best subjects? What are the student’s most difficult subjects? Have teachers ever expressed concerns about the student’s academic skills and/or emotional needs? \_ Yes \_ No If so, was the student tested by a specialist? \_ Yes \_ No

Was the student referred for special classes of any kind? \_ Yes \_ No Has the student ever repeated a grade? If so, which grade(s)? \_ Yes \_ No

#  Educational Background

Please list ALL previously attended schools, including dates. List the most recent first. Attach a separate sheet if necessary.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Name and Address of School | From(mm/yyyy) | To (mm/yyyy) | Language of Instruction | Telephone/Fax | Email contact |
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**Application Statement**

***Please read this statement before signing your application***

# Each student admitted to Banjul American Embassy School must have a parent or guardian (as designated in writing by parents) residing in The Gambia and taking full responsibility for the student’s welfare. If parents are absent from home overnight or longer, please inform the school of temporary guardianship as well as updates on your address and telephone numbers. The School reserves the right to refuse admission to any student who was dismissed from another school for academic, disciplinary, or other reasons. Any student/parents failing to reveal such a record at the time of enrollment may be subject to expulsion when the Director learns of the omission. Failure to provide previous testing information which can only assist the school in working with the student is also grounds for dismissal. Students expelled from BAES are not entitled to a refund of tuition fees.

I hereby make application for admission of the student to the Banjul American Embassy School in accordance with the terms, rules and regulations of the school. I understand there may be admissions testing prior to grade placement.

Enclosed with this application are the following:

#  One passport photograph

 **Certified copies of all previous school records and reports, including testing, IEPs, etc.**

 **Copy of passport or birth certificate to verify age**

I understand that acceptance to the Banjul American Embassy School is based on a complete review of the student’s records. Testing may be necessary during my child’s enrollment at BAES, and I understand that my signature below gives the school permission to conduct appropriate testing, and that I will be informed in advance.

In the consideration of the acceptance by Banjul American Embassy School of the student named above, I agree to be responsible for all charges including incidental expenses. I understand that enrollment is for a full school year, that all tuition charges are due at the beginning of each trimester, and that no exemption, deduction, or rebate from tuition charges will be made in case of temporary absence, dismissal, or withdrawal after the first day of school unless withdrawal becomes necessary for reasons beyond my control such as transfer or prolonged illness. I recognize that school privileges may also be denied for any other reason deemed sufficient by the authorities of the school, in accordance with its published regulations. Should the school find it necessary to close at any time during the school year due to reasons beyond its control, I understand that fees paid to the school will not be refunded.

Signature: Date:

**For Office Use Only**

Date Received: Director Appt.:

Screening:

Records reviewed by: Date:

Notes:

Starting School on: In Grade:

Invoice prepared by: Date: