



AMERICAN SCHOOL OF YAOUNDE

BP 7475, Rue Martin Paul Samba Carrefour Emia, Yaoundé, Cameroon
(237)222-230-0421/(237)222-22-9465; (237) 222-236-011
Website: www.asoy.org
Emails: info@asoy.org/ businessmanager@asoy.org/ director@asoy.org

For office use only:

_____ Date received
_____ Reviewed by (initials)
_____ Accepted for Grade: _____
_____ Date to start school
_____ Denied admission

APPLICATION FOR ADMISSION

Along with this application, you must submit:

- \$650.00 application fee;
- School records from the last two years, in English and with a grading key;
- For applicants to grade 10-12, official high school transcript from prior school/s
- 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;

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? _____ Which level? Beginner Intermediate 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

PLEASE LIST PREVIOUS SCHOOLS YOUR CHILD ATTENDED:

Name of School	City/Country	Years attended	Grades attended	Language of instruction

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 Cameroon:

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 Cameroon:

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, 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 Explain: _____ No
6. Has your child ever been suspended, expelled or otherwise removed from another school due to behavior issues? Yes Explain: _____ N
7. Has your child ever repeated a grade? Yes Which grade? _____ No

Medical Insurance Statement

ASOY students are covered by a local insurance company for injuries that occur at school during school hours or on school trips. In the event of injury, parents will be given an insurance claim form to complete. Please be sure to keep all necessary receipts for reimbursement. However, the local insurance is minimal for cases of serious injury, especially in the case of medical evacuation to Europe or the U.S. We strongly recommend that parents provide their children with evacuation insurance for cases of serious illness, injury, or emergency evacuation. Medical insurance and evacuation insurance are often provided through the employer of the parent, or may be purchased privately.

I have read the insurance statement above.

Parent Signature

Date

Parent Signature

Date

Our child is covered under our family medical insurance plan with the following company (write "none" if the child is not covered under an insurance plan):

Name of Insurance Company: _____

Telephone Number: _____

Name of Covered Employee: _____

Employee Number: _____ Plan Number: _____

Tuition

TUITION WILL BE PAID BY (please check one):

Family Employer: _____

Would you wish to use the ASOY Bus service, for an additional fee, if space is available? Yes No

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

Signatures

I, _____, do hereby submit this application to enroll my son/ daughter in the

American School of Yaounde, beginning on ____ - ____ - ____.
Day-Month-Year

In addition,

- I understand that this application for admission does not guarantee enrollment.
- If my child is accepted, I agree to pay his/her school fees before their first day of attendance.
- I understand that I am required to give 30 days notice in writing before removing my son/daughter from ASOY for the tuition refund policy to apply.
- I certify that all information provided in this application is true and correct.

***Please note: Your signature on this form indicates that you have read and understand ASOY's Child Protection Policy and that you acknowledge that your child's enrollment at ASOY requires your support and adherence to the Child Protection Policy. We expect all families to read and adhere to all policies found in the Parent and Student handbook found on our website at www.asoy.org.**

Signature of Father: _____

Signature of Mother: _____

Date: _____