

**KHARTOUM AMERICAN SCHOOL**  
**APPLICATION FORM**  
**Nursery & Pre-Kindergarten**

DATE ENTERED: \_\_\_\_\_

**STUDENT INFORMATION**

STUDENT'S NAME: \_\_\_\_\_  MALE  FEMALE  
(FIRST NAME) (MIDDLE NAME) (FAMILY NAME)

DATE OF BIRTH: \_\_\_\_/\_\_\_\_/\_\_\_\_ PASSPORT NO. & NATIONALITY: \_\_\_\_\_

STUDENT'S MOTHER TOUNGE: \_\_\_\_\_

LANGUAGE STUDENT SPEAKS BEST: \_\_\_\_\_

OTHER LANGUAGE STUDENT SPEAKS: \_\_\_\_\_

**FATHER/ GUARDIAN'S NAME**

**MOTHER/GUARDIAN'S NAME**

\_\_\_\_\_  
HOME ADDRESS: \_\_\_\_\_

\_\_\_\_\_  
HOME ADDRESS: \_\_\_\_\_

HOME PHONE #: \_\_\_\_\_

HOME PHONE #: \_\_\_\_\_

CELL PHONE #: \_\_\_\_\_

CELL PHONE #: \_\_\_\_\_

DIRECT OFFICE LINE #: \_\_\_\_\_

DIRECT OFFICE LINE #: \_\_\_\_\_

OFFICE PHONE #: \_\_\_\_\_ EXT #: \_\_\_\_\_

OFFICE PHONE #: \_\_\_\_\_ EXT #: \_\_\_\_\_

COMPANY NAME: \_\_\_\_\_

COMPANY NAME: \_\_\_\_\_

POSITION: \_\_\_\_\_

POSITION: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

LANGUAGES SPOKEN: \_\_\_\_\_

LANGUAGES SPOKEN: \_\_\_\_\_

**EMERGENCY CONTACT INFORMATION**

PRIMARY CONTACT: \_\_\_\_\_ PHONE # \_\_\_\_\_ CELL #: \_\_\_\_\_

SECONDARY CONTACT: \_\_\_\_\_ PHONE # \_\_\_\_\_ CELL #: \_\_\_\_\_

**\*In case of an emergency and the school is unable to contact either parent of emergency contact, students will be taken to the clinic specified below by the parents or guardian.**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

# KHARTOUM AMERICAN SCHOOL – NURSERY PROGRAM

## Student Application Questionnaire

### TO BE COMPLETED BY PARENT

In order to best meet the needs of your child, it is important that we receive as much information as possible. Please answer the questionnaire completely and as concisely as possible.

STUDENT'S NAME: \_\_\_\_\_ NICKNAME: \_\_\_\_\_  
(FIRST NAME) (MIDDLE NAME) (FAMILY NAME)

List all siblings and their ages: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Is your child toilet trained?  Yes  No Describe assistance when needed: \_\_\_\_\_  
\_\_\_\_\_

Does your child take a nap?  Yes  No When/What time? \_\_\_\_\_

List any foods/drinks your child should not have: \_\_\_\_\_

Does your child have any problems with vision or hearing?  Yes  No

If "Yes", please explain: \_\_\_\_\_

Does your child have any allergies?  Yes  No

If "Yes", please explain: \_\_\_\_\_

Has your child had any serious accidents?  Yes  No

If "Yes", please explain: \_\_\_\_\_

Are there emotional needs the school should be aware of?  Yes  No

If "Yes", please explain: \_\_\_\_\_

Please list any languages other than English, (if any) used at home: \_\_\_\_\_

Do you have any concerns about any aspects of your child's development? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What does your child enjoy doing with parents? \_\_\_\_\_

Does your child play well by himself/herself?  Yes  No

Does your child play well in groups?  Yes  No

Does your child accept correction easily?  Yes  No

What is the method of behavior control used at home? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please check items below that describe your child.

- |                                       |  |                                    |                                  |                                 |
|---------------------------------------|--|------------------------------------|----------------------------------|---------------------------------|
| <input type="checkbox"/> Happy        | <input type="checkbox"/> Aggressive    | <input type="checkbox"/> Friendly  | <input type="checkbox"/> Moody   | <input type="checkbox"/> Clumsy |
| <input type="checkbox"/> Dependent    | <input type="checkbox"/> Stubborn      | <input type="checkbox"/> Impulsive | <input type="checkbox"/> Fearful | <input type="checkbox"/> Quiet  |
| <input type="checkbox"/> Good Natured | <input type="checkbox"/> Even Tempered | <input type="checkbox"/> Attentive | <input type="checkbox"/> Shy     | <input type="checkbox"/> Sleepy |

OTHERS: \_\_\_\_\_

Please check items below that your child has learned to do:

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> Say Nursery Rhymes | <input type="checkbox"/> Sing Songs                   | <input type="checkbox"/> Listen to Stories        |
| <input type="checkbox"/> Say his/her name   | <input type="checkbox"/> State his/her age and gender | <input type="checkbox"/> Dress self independently |

Has your child been cared for by someone besides the family?  Yes  No

If so, please describe: \_\_\_\_\_

Has your child gone to preschool or a day care before?  Yes  No

If so, please describe previous experiences: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**Please submit this questionnaire along with the Student Application, a copy of the student's passport, vaccination records, and 2 passport size photos to the School office.**

**KHARTOUM AMERICAN SCHOOL**  
**EMERGENCY FORM**  
Nursery & Pre – Kindergarten  
School Year 2008-2009

**STUDENT NAME:**

\_\_\_\_\_

**GRADE LEVEL :**

\_\_\_\_\_

**ADDRESS IN KHARTOUM:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**HOME PHONE #:** \_\_\_\_\_ **CELL PHONE #:** \_\_\_\_\_

**EMERGENCY CONTACT:**

**NAME:** \_\_\_\_\_

**HOME PHONE #:** \_\_\_\_\_ **CELL PHONE #:** \_\_\_\_\_

\*\*\*\*\*

**ALLERGIES TO MEDICATION: (Please List)** \_\_\_\_\_

\_\_\_\_\_

- In the event the parent or the above person cannot be reached, it is understood that the school has the parent's permission to take the child to the Doctor's Clinic and the parent or guardian will be responsible for any charge incurred for necessary treatment.*

**Parent / Guardian Signature:** \_\_\_\_\_

*( Please attach a recent photo of your child )*

**NURSERY / PRE-KINDEGRATEN  
WAIVER NOTICE  
SCHOOL YEAR 2008-2009**

This notice is hereby issued to remind parents and guardians that Khartoum American School is liable for the safety of its students only during school days from:

7:15 AM to 12:15 PM School days (Sundays through Thursdays)

This notice is issued in compliance with the insurance policy requirement and in accordance with Khartoum American School policy manual.

**Philip L. Clinton**  
Superintendent

Please sign below and return to Khartoum American School Office as soon as possible.

Parent/Guardian: \_\_\_\_\_

Child's name: \_\_\_\_\_

**Telephone :** 249-15-577 0105 or 577 0107

**Facsimile :** 249-1-83512044

**E-mail :** [kas@krtams.org](mailto:kas@krtams.org)

**Web Site :** [www.krtams.org](http://www.krtams.org)

**INTERNATIONAL  
ADDRESS:**

Khartoum American School  
P.O. Box 699  
Khartoum, Sudan

**U.S. ADDRESS:**

KhartoumAmerican School  
US Embassy  
2200 Khartoum Place  
Washington, D.C. 20521-2200