

KHARTOUM AMERICAN SCHOOL **APPLICATION FORM**

DATE OF APPLICATION: _____

APPLICATION FOR GRADE: _____

STUDENT INFORMATION

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

DATE OF BIRTH: ____/____/____ PASSPORT NO. & NATIONALITY: _____

STUDENT'S MOTHER TONGUE: _____

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: _____

FOR OFFICE USE ONLY

AGE:

FL:

PLACEMENT:

OTHER:

Please help us to understand your child's school history by completing the chart below. List all schools your child has attended. Begin with the first year of schooling.

1 Year in School	2 Name of School	3 Country or State Location	4 Academic Year Month – year to month - year	5 Child's Age	6 Grade Level	7 Language of Instruction
1			to			
2			to			
3			to			
4			to			
5			to			
6			to			
7			to			
8			to			
9			to			
10			to			
11			to			
12			to			
13			to			
14			to			
15			to			

Other requirements to be submitted along with the school application form:

- 1) **Copy of Passport details /or copy of certified birth certificate**
- 2) **Vaccination Records**
- 3) **Two (2) Passport size photos**
- 4) **Previous School Records**

KHARTOUM AMERICAN SCHOOL
EMERGENCY FORM
School Year 2009-2010

STUDENT NAME: _____

GRADE LEVEL : _____

ADDRESS IN KHARTOUM:

HOME PHONE #: _____ **CELL PHONE #:** _____

EMERGENCY CONTACT: _____ **GUARDIAN:** _____
NAME: _____ **NAME:** _____

HOME PHONE #: _____ **HOME PHONE #:** _____

CELL 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)

FIELD TRIP PERMISSION

Field trips are always announced in advance. However, rather than seek your permission each time, please sign below for permission for your child to join field trips for the school year 2009 – 2010.

Student's Name: _____ Grade Level: _____

Parent's/Guardian's Signature: _____ Date: _____

**KHARTOUM AMERICAN SCHOOL
WAIVER NOTICE
SCHOOL YEAR 2009-2010**

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:

- | | | |
|--------------------------|---------------------|--|
| <input type="checkbox"/> | 7:15 AM to 12:15 PM | On days with no after school activities
Nursery & Pre-Kindergarten |
| <input type="checkbox"/> | 7:15 AM to 2:00 PM | On days with no after school activities
Kindergarten – Grade 12 |
| <input type="checkbox"/> | 7:15 AM to 3:15 PM | On days with after school activities <u>only for those students who have signed</u> up any activity. |

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(ren): _____

**KHARTOUM AMERICAN SCHOOL
LANGUAGE FORM
GRADES 1 – 12**

French and Arabic are offered in grade 1 – 12. However, Arabic is recommended for all Sudanese students unless they have been placed in the E.S.L (English as a Second Language) program.

It is our feeling that no student should take an additional language unless he/she is fluent in English. Students will not be allowed to take French or Arabic without parental approval.

Please indicate below which language you would like your child to study. If you have any questions, please contact your homeroom teacher.

Circle only one:

FRENCH

ARABIC

Student's Name

Grade

Parent/Guardian Signature