

-----**Family Information**-----

Student Lives with: Father Mother Other

Relationship: _____
(If other, please specify relationship to student)

First Name: _____

Family Name: _____

Cell Phone: _____

Employer: _____

Work Phone: _____

First Name: _____

Family Name: _____

Cell Phone: _____

Employer: _____

Work Phone: _____

Contacts Most Commonly Used for Family:

Home Phone: _____

E-mail (mandatory): _____

Address in Tripoli: _____

Brothers and Sisters:

Name	Age	School	Country of Residence
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

-----**Tuition and Fees**-----

An application fee of \$ 300 (cash only) must be provided with this application.

Received by: _____
(Authorized Signature)

The tuition and fees will be paid by:

Employer Family Other

Name of responsible person: _____

E-mail: _____

Phone: _____

Address: _____

Signature of Parent / Guardian _____

Date _____

-----Recent Medical Information (Please give details)-----

Recent illnesses _____

Current medications and dosage: _____

List any allergies:

_____ Reaction: _____

_____ Reaction: _____

List any physical aids used: _____

(Glasses, contact lenses, hearing aids, etc)

Adverse reaction to any medications: _____

Significant Physical or Medical conditions: _____

Other comments that would assist us (recent family illness/death, divorce, marriage, etc)

-----Authorization-----

Permission to admit student to a hospital of the school's choice or contact a doctor of the school's choice, if deemed necessary by school authorities in an emergency, and if parents/guardians cannot be reached.

Yes No

The school staff will administer immediate first-aid needs, and will contact the parent/guardians as soon as possible.

Date: _____
Day Month Year

Signature: _____
(Parent or Guardian)

Printed Name: _____
(Parent or Guardian)

IMMUNIZATION SCHEDULE

Diphtheria / Pertussis / Tetanus (DPT) Recommended age: 2 months old.

Date: _____

Oral Polio. Recommended age: 2 months old.

Date: _____

DPT, Oral Polio. Recommended age: 6 months old.

Date: _____

Measles / Mumps / Rubella (MMR) Recommended age: 15 months old.

Date: _____

DPT, Oral Polio. Recommended age: 15-18 months old.

Date: _____

Haemophilus influenza type B (HB) Recommended age: 18 months old.

Date: _____

DPT, Oral Polio. Recommended age: 4-6 years (School Entry)

Date: _____

TB, Tuberculosis skin test / Vaccination (BCG)

Date: _____

Hepatitis A

Date: _____

Hepatitis B

Date: _____

Please attach a copy of your child's immunization record.

EMERGENCY INFORMATION

Please provide the following information to be used in case of an emergency.

Student Name: _____

-----**Primary Contact**-----

Name of Father Mother Guardian _____

Phone number of Father/Guardian: _____

Phone number of Mother/Guardian: _____

-----**Alternate Contact**-----

If in the event of an emergency we are unable to contact you, please provide an alternative name and residence to take your child.

Contact Name: _____

Relationship to student: _____
(Friend, neighbor, aunt, brother, etc.)

Phone Number: _____

-----**Medical Emergency**-----

Family Physician (in Tripoli): _____

Phone: _____

Preferred Hospital: _____

Dear Parents,

Throughout the school year, we would like to be able to post pictures of student activities on our web site. In the interest of good cyber-safety practices, before doing so, we are asking for your permission. Student names are not used in the captions.

I give permission for my child's pictures to be posted to the AST web site. I understand the individual student names will not be used.

I **do not** give permission for my child's pictures to be posted to the AST web site.

We also need your permission to publish your e-mail and phone numbers as listed in this Application form in our School Directory. The distribution of the School Directory is limited to the families whose children attend the American School of Tripoli.

I give permission for our contact information to be published in the School Directory. I understand that the School Directory distribution is limited to the families of students attending the American School of Tripoli.

I **do not** give permission to publish our contact information in the School Directory.

Thank you.

Student Name: _____

Parent Signature: _____

Date: _____