AST
American School of Tripoli

APPLICATION FOR ADMISSION

-----Student Information-----

Please attach recent photograph here

First Name: ________________________________

Last (Family) Name: ________________________________

Name commonly used: ________________________________

Birthday: _____ (Day) _____ (Month) _______ (Year)

Male ☐ Female ☐

Citizenship: ________________________________

Country of Passport Issue: ____
(Please list all nationalities for multiple passport holders)

Native English Speaker: Yes ☐ No ☐ Has studied English for ______ years.

Language Spoken at home: ________________________________

Last School Attended: ____
(School Records must be submitted with the Application form)

From: ________ (Month) ________ (Year) To: _________ (Month) ________ (Year)

Date to Start: ____ (Day) _____ (Month) _______ (Year) Applying to Grade: _______________

Has the applicant ever:

Received any special need assistance?	Yes	☐	No	☐
Been suspended from School?	Yes	☐	No	☐
Repeated a grade in school?	Yes	☐	No	☐
Been denied admission to school?	Yes	☐	No	☐

Explain any Yes answer: ____
(Attach additional comments if necessary)

---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: ___________________________