

# STUDENT INFORMATION FORM

## THE AMERICAN SCHOOL OF DOUALA

Please note that the registration fee of 300,000 FCFA (\$600 US) must accompany this form to reserve a place for your child

PHOTO

NAME OF STUDENT Last \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_ GENDER: Male  Female   
(DD/MM/YYYY)

COUNTRY OF BIRTH \_\_\_\_\_ NATIONALITY \_\_\_\_\_

ADDRESS IN DOUALA \_\_\_\_\_

REQUESTED DATE OF ENROLLMENT \_\_\_\_\_ WILL STUDENT RESIDE WITH PARENTS? \_\_\_\_\_

FATHER/LEGAL GUARDIAN'S NAME \_\_\_\_\_

OCCUPATION \_\_\_\_\_ NATIONALITY \_\_\_\_\_

EMPLOYER/Company \_\_\_\_\_ TELEPHONE # \_\_\_\_\_

LOCAL WORK ADDRESS \_\_\_\_\_

Length of stay in Douala \_\_\_\_\_ E-MAIL \_\_\_\_\_

MOTHER'S NAME \_\_\_\_\_

OCCUPATION \_\_\_\_\_ NATIONALITY \_\_\_\_\_

EMPLOYER/Company \_\_\_\_\_ TELEPHONE # \_\_\_\_\_

LOCAL WORK ADDRESS \_\_\_\_\_

Length of stay in Douala \_\_\_\_\_ E-MAIL \_\_\_\_\_

PARENT'S EMPLOYMENT: (Check one)

Type of business or organization. Private business  NGO  Local government  Mission Organization

Is your firm affiliated with a U.S. company? Yes  No  If yes, name of parent company \_\_\_\_\_

Is your company contracted to the U.S. Government? Yes  No  If yes, agency of contract \_\_\_\_\_

U.S. GOVERNMENT EMPLOYEES PLEASE CHECK ONE: Direct Hire  PSC  Military

INDICATE WHETHER: 1. Dept. of State  2. USAID  3. USAIA  4. MAAG  5. Navy  6. Army  7. Air Force

8. Peace Corps  9. Dept. of Commerce  10. Military Attaché  11. Dept. of Agriculture

PERSON OR ORGANIZATION RESPONSIBLE FOR PAYMENT OF FEES \_\_\_\_\_

LANGUAGES SPOKEN BY PARENTS \_\_\_\_\_

LANGUAGES SPOKEN BY STUDENT \_\_\_\_\_

STUDENT'S FIRST LANGUAGE \_\_\_\_\_

COUNTRIES WHERE CHILD HAS LIVED \_\_\_\_\_

NAME OF PREVIOUS SCHOOL ATTENDED \_\_\_\_\_

LANGUAGE INSTRUCTION \_\_\_\_\_ GRADE LEVEL COMPLETED \_\_\_\_\_

DATES ATTENDED: From \_\_\_\_\_ To \_\_\_\_\_ PLEASE SUPPLY TRANSCRIPT

OTHER CHILDREN IN FAMILY:

Name	Age	Gender	Attending ASD?
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Signed \_\_\_\_\_ Date: \_\_\_\_\_

Date admitted to ASD \_\_\_\_\_ Grade (Official) \_\_\_\_\_

# STUDENT VACCINATION FORM

## THE AMERICAN SCHOOL OF DOUALA

Dear Parents,

For student health purpose, your child (ren) must have the following vaccinations at ASD for 2012-2013. Please record the exact date of administration of all vaccinations listed and enclose a photocopy of their official vaccination records.

### Required immunisation for students:

*DPT (Diphtheria, Tetanus and Pertussis)*

- at 2, 4 and 6 months, 18 months
- booster at 4-5 years
- TD (Tetanus and Diphtheria) at 11-12 years

*IPV (Inactivated Polio Virus)*

- at 2, 4 and 6 months
- Booster at 4-6 years of age or at any age after 4-6 years if not given previously

*BCG (Bacille Calmette-Guerin)*

- this is a requirement of vaccination standard Tuberculosis (TB) or proof of TB skin test in the Republic of Cameroon and within the past 2 years. If your child has not had the vaccine TB skin test in the last 2 years is recommended.

*Yellow Fever*

- at 9 months old and every 10 years when visiting or living in endemic countries in Africa.

### Important Note:

These are the minimum acceptable vaccines for entrance to ASD, please use this chart to record the vaccines received.

Student:					Date of Birth:		
Vaccine	Date	Date	Date	Date	Date	Date	
DPT/TD							
IPV							
MMR							
BCG/TB Skin Test							
Hepatitis A							
Hepatitis B							
Varicella							
Yellow Fever							
Others:							

Parent Signature \_\_\_\_\_

# STUDENT REGISTRATION TRACKING FORM

## AMERICAN SCHOOL OF DOUALA (ASD)

Name of student \_\_\_\_\_ Date of application \_\_\_\_\_

Please include the following documentation with your completed enrollment form:

1. Proof of Date of Birth – copy of passport or birth certificate	<input type="checkbox"/>
2. School Records – report cards of the previous 2 years of school up to grade 8 / official transcripts for high school (new students only)	<input type="checkbox"/>
3. Completed Health Form	<input type="checkbox"/>
4. Vaccination Record (form provided by school)	<input type="checkbox"/>
5. Two (2) recent photographs of your child	<input type="checkbox"/>
6. Map of how to get to your home from school (to be completed once in Douala)	<input type="checkbox"/>
7. Letter from employer/ agency making payment to ASD ( if applicable) (to be completed once in Douala)	<input type="checkbox"/>
8. Registration fee of 300,000 FCFA (\$600 US) to reserve a place for your child	<input type="checkbox"/>

### Below for ASD use only:

1. Student Enrollment Form completed Yes  No

**Data still missing**

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

2. Admission assessment completed Yes  No  N/A

3. Assessment report in student files Yes  No  N/A

Student is accepted  / rejected  for admission to ASD

Date admitted \_\_\_\_\_

Grade \_\_\_\_\_

Registration Fee receipt # \_\_\_\_\_

# ASD PHOTO AND PHONE DISCLAIMER

## THE AMERICAN SCHOOL OF DOUALA

Name of Student \_\_\_\_\_ Grade (Official) \_\_\_\_\_  
Last (Family Name) First Name

### English Version

Dear Parents,

The American School of Douala, informs parents that from time to time pictures will be taken of their children in the school. These pictures may be used in public documents like the school newsletter, school website and adverts in local newspapers. No child will be identified by name in these photographs.

Please check the boxes Yes/No if you will want your child to be included in school photographs.

Yes

No

We are preparing a school directory with students' names and parents phone numbers which will be distributed to all families. Please check the boxes below if you want your contacts to be included in the directory

Yes

No

### French Version

Chers Parents,

Nous tenons à vous informer que de temps en temps nous prenons des photos des enfants à l'école. Ces photos seront publiées dans le journal de l'école, le site web de l'école, et les publicités dans les journaux locaux.

Aucun enfant ne sera identifié par son nom sur ces photos.

Veuillez nous dire si votre enfant peut être inclus dans ces photos en cochant les cases ci-dessous

Oui

Non

Nous préparons aussi un annuaire pour l'école dans laquelle seront inclus les noms des enfants et les contacts de leurs parents. Cet annuaire serait distribué à toutes les familles.

Veuillez indiquer si vous ne voulez pas être inclus en cochant les cases ci-dessous

Oui

Non

# STUDENT HEALTH RECORDS

## AMERICAN SCHOOL OF DOUALA

Name of Student \_\_\_\_\_ Grade (Official) \_\_\_\_\_

Date of Birth: \_\_\_\_\_  
(DD/MM/YYYY)

Father's name \_\_\_\_\_ Cell Phone # \_\_\_\_\_

Mother's name \_\_\_\_\_ Cell Phone # \_\_\_\_\_

Guardian's name (if not parents) \_\_\_\_\_ Cell Phone # \_\_\_\_\_

Douala Street Address \_\_\_\_\_

If your child needs to go home during the day and we are unable to contact you, is there someone at your house to care for your child? Yes  No

If yes, please provide the name of the person \_\_\_\_\_

Is your child capable of directing someone to your home? Yes  No

If your child is not able to find your house, is there someone at ASD who knows where you live? Name \_\_\_\_\_

### PAST MEDICAL HISTORY (please check one)

1. Does your child bruise very easily or bleed excessively after injury or tooth extraction? Yes  No

2. Does your child have a history of medical problems or disabilities about which ASD should know?  
(i.e. diabetes, heart disease, epilepsy, fainting, asthma, TB, nosebleeds, etc) Yes  No

3. Does your child have special needs in vision, hearing or speech? Yes  No

4. Does your child wear glasses, contact lenses or a hearing aid? Yes  No

If yes, please check those which apply. Glasses  Contact Lenses  Hearing Aid

5. Does your child have any allergies to drugs, foods or insect bites (especially bees, wasps, or peanuts)? Yes  No

If yes, please explain \_\_\_\_\_

### PRESENT HEALTH (please check one)

1. Is your child currently in good health? Yes  No

2. Do you think your child is fit to participate in all school activities and Physical Education? Yes  No

If no, please explain. \_\_\_\_\_

3. Does your child have any chronic illnesses or disabilities? Yes  No

If yes, please explain \_\_\_\_\_

4. Is your child currently taking any medication on a regular basis, other than malaria prophylaxis? Yes  No

5. If yes, please list medications and state reason for taking them:

Medication \_\_\_\_\_

Dosage \_\_\_\_\_

Reason \_\_\_\_\_

### AUTHORIZATION

1. ASD has my permission to give 1 or 2 Doliprane /Efferalgan 500mg tablets for minor pain while my child is at school. Yes  No

2. I give my permission for the external use of calamine lotion/ first aid cream/ antibiotic cream. Yes  No

3. In the event of minor illness, injury or emergency, I authorize ASD personnel to treat my child. Yes  No

4. I authorize the clinic or doctor below to treat my child. (In an emergency ASD will seek available medical care if deemed necessary.)

Name of clinic \_\_\_\_\_ Telephone # \_\_\_\_\_

Name of Doctor \_\_\_\_\_ Telephone # \_\_\_\_\_

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

# STUDENT PICKUP AUTHORIZATION FORM

## AMERICAN SCHOOL OF DOUALA (ASD)

Name(s) and grade(s) of child(ren) attending ASD:

_____	_____
_____	_____
_____	_____
_____	_____

Vehicle(s) details

Vehicle 1: Vignette Number: \_\_\_\_\_  
Make: \_\_\_\_\_ Model: \_\_\_\_\_  
Color: \_\_\_\_\_ Plate#: \_\_\_\_\_

Vehicle(s) details

Vehicle 2: Vignette Number: \_\_\_\_\_  
Make: \_\_\_\_\_ Model: \_\_\_\_\_  
Color: \_\_\_\_\_ Plate#: \_\_\_\_\_

Names of persons authorizes to pick-up your child(ren) and relation of person to child(ren):

1. \_\_\_\_\_ Relation: \_\_\_\_\_  
2. \_\_\_\_\_ Relation: \_\_\_\_\_

Family Name: \_\_\_\_\_

Parent Signature: \_\_\_\_\_

# TUITION FEE PAYMENT CONFIRMATION FORM

## AMERICAN SCHOOL OF DOUALA (ASD)

Date/ .....

Name of Family \_\_\_\_\_ Date of application \_\_\_\_\_

Name of Company \_\_\_\_\_ Number of years operating in Cameroon \_\_\_\_\_

We hereby confirm that we shall be responsible for tuition fees payment for the aforementioned family and so request that you send all correspondences that relate to their tuition fees to our company.

For all irregularities on tuition fees please contact Mr(s). \_\_\_\_\_ who is \_\_\_\_\_

of our Company.

Thank you,

Sign/ \_\_\_\_\_  
(For Family)

Sign/Stamp \_\_\_\_\_ Position \_\_\_\_\_  
(For Company)