ELEMENTARY APPLICATION

FOR APPLICANTS TO GRADE 2 THROUGH GRADE 5



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Admissions Procedures

FOR APPLICANTS TO GRADE 2 THROUGH GRADE 5

The following checklist will help guide you through your child's application for admission to The American School of Benguerir.

- □ Make an appointment for a **Campus Tour or Information Session** by contacting the Admissions Office at: admissions@asb.ac.ma or +212 (0) 661 854 707.
- ☐ Complete and mail the **APPLICATION FOR ADMISSION** and **PARENT STATEMENT** to The American School of Benguerir Admissions Office.
- □ Send the Admissions Office an OFFICIAL COPY OF YOUR CHILD'S BIRTH CERTIFICATE.
- Give the **TEACHER EVALUATION FORM** to your child's current teacher and the **TRANSCRIPT & GRADES RELEASE FORM** to the school office at your child's current school, as appropriate. Ask that the teacher and school mail the forms directly to The American School of Benguerir Admissions Office.
- □ Please enclose a check of 1000.00 MAD application fee.
- ☐ The Admissions Office will contact you to arrange **TESTING AND INTERVIEWS** once we have received your completed application materials.

Other Required Documents:

□ vaccination record
 □ two photos
 □ medical certificate
 □ copy of parents' passports/ID
 □ birth certificate

utility bill showing valid address in Morocco

Application for Admission



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CHILD'S NAME					Apply	ing to Grade
LAST	FIRST		MIDDLE			
Date of Birth			□Воу	□Girl	Nickna	me
MONTH/DAY/YEAR						
Nationality: Applicant	Fath	er		M	other	
Street Address						
Mailing Address (if different than above)						
Child lives with: □ Both parents □ Mo	ther Father	□ Other		H	Iome Phone	e
Parents: Married Separated	□ Divorced	□ Mother Dece	ased	□ Father D	eceased	□ Single parent
Names, ages, and schools of all other children	en in the family:					
Name		Age_		_School		
Name		Age_		_School		
Name		Age_	· · · · · · · · · · · · · · · · · · ·	_School		
FATHER'S NAME		мо	THER'S N	IAME		
Permanent Address (if different from above))	Per	manent A	ddress (if di	fferent fron	n above)
Cell Phone		Cel	l Phone_			
Preferred E-mail		Pre	ferred E-1	nail		
Occupation		Occ	cupation_			
Title		Titl	e			
Employer		Employer				
Business Address		Bus	siness Ado	dress		
Rusiness Phone		— — Rus	iness Pho	one		

Will parents reside full-time in Benguerir? Father $\ \Box Yes \ \Box No \ Mother$	□Yes □No	
APPLICANT'S CURRENT SCHOOL	_Year Entered	Current Grade
School Address	School Phone	
Previous schools and grades/dates of attendance		
Name(s) of teachers(s) writing evaluation(s)		
Is English the child's first language? ☐ Yes ☐ No If no, please specify other	language(s) spoken at home:	
Have you had a tour of The American School of Benguerir? ☐ Yes ☐ No If	f yes, when?	
How did you hear about The American School of Benguerir?		
Have any relatives attended or graduated from our sister schools (ASM and A	ST)? (Please include name ar	nd class.)
Parent's signature	_ Date	

Thank you for completing this application. Please mail it with the Parent Statement and birth certificate directly to:

Parent Statement

FOR APPLICANTS TO GRADE 2 THROUGH GRADE 5



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First and Last Name of Applicant	Applying to Grade
Father's First and Last Name	
Mother's First and Last Name	
As part of the admissions process, we ask parents to provide information on their child. In order answer the following questions.	to help us get to know your child better, please
1. WHAT ARE THE QUALITIES YOU BELIEVE TO BE IMPORTANT IN A GOOD EDUCATION?	
2. PLEASE DESCRIBE YOUR CHILD - HIS/HER PERSONALITY, INTERESTS, AND TALENTS.	
3. WHAT DO YOU SEE AS YOUR CHILD'S PARTICULAR STRENGTHS AND CHALLENGES?	

4. HOW WOULD YOU ASSESS YOUR CHILD'S LEARNING OR SCHOOL EXPERIENCES TO DATE?		
5.	HOW WOULD YOU DESCRIBE YOUR CHILD'S INTERACTIONS WITH PEERS AND ADULTS?	
6.	IS THERE ANY OTHER INFORMATION YOU WOULD LIKE TO SHARE TO HELP US GET TO KNOW YOUR CHILD BETTER – FOR EXAMPLE, IMPORTANT FAMILY, HEALTH OR DEVELOPMENTAL EVENTS?	
7.	ARE THERE ANY REASONS THAT YOUR CHILD WOULD BE UNABLE TO PARTICIPATE FULLY IN ALL SCHOOL ACTIVITIES?	
Pare	ent's signatureDate	
Tha	ink you for completing this form. Please return it with the Application to:	

Teacher Evaluation Form

FOR APPLICANTS TO GRADE 2 THROUGH GRADE 5

TO THE TEACHER: The child named above has applied for admission to The American School of Benguerir. Your comments will be valuable to us in getting to know this student and will remain confidential. We would like to know about this child's strengths and challenges as a student in your classroom. Please comment on the child's intellectual development, academic achievement, classroom behavior, and social and emotional development. Work samples are welcome and may be attached, along with any additional information you believe will help us get to know this child. We appreciate your time and effort spent on this child's behalf.



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CHILD'S NAME				Applying to Grade
	FIRST		MIDDLE	
Name of teacher			G	rade level taught
Name of school		Scho	ol address	
Parent's name		Parei		
Teacher Comments:				
MAY WE CONTACT YOU FOR FURTHER INFORMATION?	□ Yes	□ No	E-mail	
Teacher's signature				Date

Thank you for completing this form. Please return it directly to:

Transcript & Grades Release Form



FOR APPLICANTS TO GRADE 2 THROUGH GRADE 5

TO THE PARENT: Please complete the following information and give this form to the school office at your child's current school.

To the Registrar of APPLICANT'S CURRENT SCHOOL

I hereby authorize you to send a copy of my child's official school transcript, as well as a copy of the current school year's report card and grades, and all standardized test scores to The American School of Benguerir.

Student's name	Grade
Parent's name	
Parent's signature	Date

Please mail the requested materials to: