### UPPER SCHOOL APPLICATION



### **Checklist**

#### FOR APPLICANTS TO GRADES 6 THROUGH 12

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

- □ Make an appointment for an **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 requested documents directly to The American School of Benguerir Admissions Office.
- ☐ The Admissions Office will contact you to arrange **TESTING AND INTERVIEWS** once we have received your completed application materials.
- □ Please enclose a check of 1000.00 MAD application fee.
- □ The Admissions Office will contact you once a final decision is made regarding enrolment.

#### **Other Required Documents:**

- □ Vaccination Record
- □ Two Photos
- □ Medical Certificate
- □ Copy of parents passports/ID / Carte de Séjour
- □ Birth Certificate
- ☐ Utility Bill showing valid address in Morocco

# Application for Admission

### FOR APPLICANTS TO GRADES 6 THROUGH 12

LAST FIRST  Date of Birth  MONTH/DAY/YEAR	□Boy	MIDDLE		
	□Boy			
MONTH/DAY/YEAR		□Girl	Nickname	
Nationality: Applicant Father		Mo	other	
Street Address				
Mailing Address (if different than above)				
Child lives with:   Both parents   Mother   Father	Other		Home Phone	
Parents:   Married   Separated   Divorced	Mother Decease	d   Father	Deceased	irent
Names, ages, and schools of all other children in the family:				
Name	Age	School		
Name	Age	School		
Name	Age	School		
FATHER'S NAME	_	MOTHER'S NA	AME	
Permanent Address (if different from above)		Permanent Addre	ess (if different from above)	
Cell Phone		Cell Phone		
Preferred E-mail				
Occupation		Occupation		
Title		Title		
Employer		Employer		
Business Address			s	
Business Phone		Business Phone		
		_		
Will parents reside full-time in Benguerir? Father □Yes □No	Mother □Yes	⊐No		
APPLICANT'S CURRENT SCHOOL		Year Entered	d Current	Grade
School Address			one	
Previous schools and grades/dates of attendance				

Name(s) of teachers(s) writing evaluations		
Is English the child's first language? ☐ Yes ☐ No If no, ple	rase specify other language(s) spoken at home:	
Have you had a tour of The American School of Benguerir?	□ Yes □ No If yes, when?	
How did you hear about The American School of Benguerir?_		
ave any relatives attended or graduated from The American School of Benguerir? (Please include name and class.)		
		_
Parent's signature	Date	-

Thank you for completing this application. Please return it with the Parent Statement and Birth Certificate to the attention of the Admissions Office at the address below

## English Teacher Evaluation Form

FOR APPLICANTS TO GRADES 6 THROUGH 12

TO THE TEACHER: Please answer the following questions concerning the above-named student. Your responses will be valuable to us in getting to know this student well and will be held in strict confidence. We appreciate your time and effort spent on this child's behalf.

CH	ILD'S NAME			Applying to Grade
CII	LAST	FIRST	MIDDLE	Applying to Grade
Nan	me of teacher		Grade level taug	ght
Nan	me of school	Sch	ool address	
Pare	ent's name	Pare	ent's signature	
1.	PLEASE ASSESS THIS STUDI AND ABSTRACT REASONING		IES, INCLUDING CRITICA	AL THINKING, CURIOSITY, READING SKILLS,
2.		ENT'S ACADEMIC PERFORMA S PARTICIPATION, AND READ		TENCY AND STRENGTH OF EFFORT, STUDY
3.	PLEASE ASSESS THE QUALI	TY OF THIS STUDENT'S WRIT	TEN EXPRESSION, IN TER	RMS OF BOTH CONTENT AND MECHANICS.
4.	WHAT GENRES OF LITERATENGLISH CLASS.	TURE HAS THE STUDENT EXPI	ERIENCED? PLEASE LIST	UP TO THREE WORKS READ THIS YEAR FOR

5.	WHAT KINDS OF WRITING ASSIGNMENTS ARE COMPLETED FOR YOUR CLASS AND HOW OFTEN DO THEY OCCUR (DAILY, WEEKLY, MONTHLY)?
6.	PLEASE DESCRIBE THIS STUDENT'S LEADERSHIP ABILITY, MATURITY, AND INTEGRITY. HOW WOULD YOU CHARACTERIZE THE STUDENT'S RELATIONSHIPS WITH PEERS AND ADULTS? DOES THIS STUDENT WORK WELL IN COLLABORATIVE SETTINGS?
7.	IF YOU COULD SINGLE OUT ONE AREA IN WHICH THE STUDENT NEEDS TO IMPROVE, WHAT WOULD IT BE?
PL	EASE ASSESS THIS STUDENT'S PERFORMANCE IN YOUR CLASS RELATIVE TO HIS/HER CLASSMATES?
ΠT	op 2% □Top 10% □Top 25% □Top 50% □Below 50%
MA	Y WE CONTACT YOU FOR FURTHER INFORMATION?   Yes   No
Em	sil
Tea	cher's signature
ъ.	

## Mathematics Teacher Evaluation Form

FOR APPLICANTS TO GRADES 6 THROUGH 12

TO THE TEACHER: Please answer the following questions concerning the above-named student. Your responses will be valuable to us in getting to know this student well and will be held in strict confidence. We appreciate your time and effort spent on this child's behalf.

FIRST		Applying to Grade	
THOT	MIDDLE		
	Grade level ta	ught	
Scho	ool address		
		CATE THE LEVEL (ON-GRADE, ACCELER	RATED
	IIS STUDENT IN YOUR O	CLASS. DOES HE/SHE HAVE A GRASP OF T	гне
	,		
	School Pare  JDENT'S MATHEMATICS BE THE COURSE CONTEN  LL ACHIEVEMENT OF TH  OBLEMS?  F THIS STUDENT'S INTEL	Parent's signature  DENT'S MATHEMATICS COURSE? PLEASE INDIGETHE COURSE CONTENT.  LL ACHIEVEMENT OF THIS STUDENT IN YOUR COBLEMS?  F THIS STUDENT'S INTELLECTUAL ABILITIES, IT	School address Parent's signature  DENT'S MATHEMATICS COURSE? PLEASE INDICATE THE LEVEL (ON-GRADE, ACCELER SE THE COURSE CONTENT.  LL ACHIEVEMENT OF THIS STUDENT IN YOUR CLASS. DOES HE/SHE HAVE A GRASP OF

4.	PLEASE DESCRIBE THE STUDENT'S ATTITUDE, EFFORT, PARTICIPATION AND WORK ETHIC IN YOUR CLASS. CAN THE STUDENT ACCEPT CONSTRUCTIVE CRITICISM?
5.	PLEASE ASSESS THE STUDENT'S FUNDAMENTAL NUMERICAL SKILLS AND NUMBER SENSE. CAN THE STUDENT APPLY FRACTIONS, DECIMALS, PERCENTS, AND NEGATIVE NUMBERS TO RELEVANT PROBLEMS IN YOUR COURSE? CAN THE STUDENT ESTIMATE?
6.	PLEASE DESCRIBE THIS STUDENT'S LEADERSHIP ABILITY, MATURITY, AND INTEGRITY. HOW WOULD YOU CHARACTERIZE THE STUDENT'S RELATIONSHIPS WITH PEERS AND ADULTS? DOES THIS STUDENT WORK WELL IN COLLABORATIVE SETTINGS?
7.	IF YOU COULD SINGLE OUT ONE AREA IN WHICH THE STUDENT NEEDS TO IMPROVE, WHAT WOULD IT BE?
PL	EASE ASSESS THIS STUDENT'S PERFORMANCE IN YOU CLASS RELATIVE TO HIS/HER CLASSMATES?
□Te	op 2% □Top 10% □Top 25% □Top 50% □Below 50%
MA	AY WE CONTACT YOU FOR FURTHER INFORMATION?   Yes   No
E-n	nail
Тез	char's signature.

## Parent Statement

### FOR APPLICANTS TO GRADES 6 THROUGH 12

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 INFO BETTER, PLEASE ANSWER THE FOLLOWING QUESTIONS IN THE SPACE PROVI	RMATION ON THEIR CHILD. IN ORDER TO HELP US GET TO KNOW YOUR CHILD DED.
What foreign languages has your child studied?	How long?
Musical instruments played:	How long?
1. WHAT ARE THE QUALITIES YOU BELIEVE TO BE IMPORTANT IN A GOOD	EDUCATION?
2. PLEASE DESCRIBE YOUR CHILD - HIS/HER PERSONALITY, INTERESTS, AN	D TALENTS.
3. WHAT DO YOU SEE AS YOUR CHILD'S PARTICULAR STRENGTHS AND CH.	ALLENGES?

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 signature Date

Thank you for completing this application. Please return it with the Parent Statement and Birth Certificate to the attention of the Admissions Office at the address below:

#### **Admissions Office**

American School of Benguerir Lot 660, Hay Moulay Rachid Benguerir 43150 Morocco

## **Student Statement**

### FOR APPLICANTS TO GRADES 6 THROUGH 12

Name of Applicant		Applying to Grade	
то	O THE STUDENT: Please answer the following questions in your own handwriting		
1.	. WHICH OF YOUR SCHOOL SUBJECTS DO YOU ENJOY MOST? WHY?		
2.	. WHAT IS THE QUALITY YOU MOST ADMIRE IN A TEACHER?		
3.	. LIST THE TITLES AND AUTHORS OF THREE BOOKS YOU HAVE READ HAVE PARTICULARLY INTERESTED YOU.	INDEPENDENTLY THIS PAST YEAR, AND TELL WHY THEY	
4.	. WHAT QUALITIES ARE YOU LOOKING FOR IN YOUR NEW SCHOOL? DESCRIBE WHY	THESE QUALITIES ARE IMPORTANT TO YOU.	
5.	. WHAT EXTRACURRICULAR ACTIVITIES (SPORTS, CLUBS, VOLUNTEE DURING THE PAST YEAR? DESCRIBE YOUR INVOLVEMENT.	R ACTIVITIES OR OTHER) HAVE YOU PARTICIPATED IN	

Student's signature	Date

## THANK YOU FOR COMPLETING THIS FORM. Please return it with the Application to:

Admissions Office American School of Benguerir Lot 660, Hay Moulay Rachid Benguerir 43150 Morocco

# Transcript & Grades Release Form

### FOR APPLICANTS TO GRADES 6 THROUGH 12

the school office at your child's current school.	
as a copy of the current school year's report card	and grades, and al
Grade	
D 4	
Date	
-11	to the school office at your child's current school.  the school office at your child's current school.  the school office at your child's current school.  Grade  Date

**Admissions Office** 

American School of Benguerir Lot 660, Hay Moulay Rachid Benguerir 43150 Morocco