

American School of Antananarivo



EST. 1969 - ACCREDITED BY
THE MIDDLE STATE ASSOCIATION

ADMISSIONS PACKET

United States Address:

American School of Antananarivo
Admissions Office 2040 Antananarivo
Place Dulles, VA 2018-2040

Republic of Madagascar Address:

American School of Antananarivo
Admissions Office
Ivandry, B.P. 1717
101 Antananarivo,
Madagascar

fax: (261-20) 22-434-43 web: <http://www.asamadagascar.org>
phone: (261-20) 22-420-39 email: asa.madagascar@gmail.com

Accredited by the Middle States Association of Schools and Colleges of the United States.
Sponsored by the Office of Overseas Schools, U.S. Department of State, Washington, D.C.

- MISSION STATEMENT -

The mission of the American School of Antananarivo is to provide an engaging, stimulating and dynamic English-language education in an international environment that reflects and respects the diverse cultures of its students. We seek to develop each student's full potential to think independently and creatively through a rigorous and challenging curricular program and a wide range of co-curricular activities. We are committed to fostering a sense of environmental awareness and social responsibility in the context of both Madagascar and the global community.

APPLICATION FORM

STUDENT INFORMATION: Please Print

affix photo here

Please enter the grade for which your child is applying: _____

Expected date of entry into ASA: ____/____/____
month / day / year

Family Name First Name Middle Name Sex: M / F

Date of Birth ____/____/____ Age: ____ Citizenship: _____ Passport #: _____
month / day / year

Place of Birth First Language Language(s) Spoken at Home

Other Languages Spoken Emergency Contact Person and relationship to student Emergency Contact Number

Schools Attended: Please begin with present school

Grade(s)	School Name	Location (city/country)	Language of Instruction	Dates Attended Month and year
				to
				to
				to
				to
				to

1. Has your child ever taken English as a Second Language classes? YES _____ NO _____
2. If "Yes;" for how many years? _____
3. Does your child have any special learning needs? YES _____ NO _____
4. Has your child ever received any specialized instruction, i.e. speech therapy, remedial reading support, special education? YES _____ NO _____
5. Has your child ever been suspended or expelled for disciplinary reasons? YES _____ NO _____

If "Yes;" to 3,4 or 5 please describe and attach any relevant information: _____

APPLICATION FORM, Continued

PARENTS' INFORMATION: (Please attach a business card with your firm or foundation's name.)

Parents' Local Address: _____

Residential Telephone Number _____ Fax Number _____ E-Mail Address _____

Father's Last Name _____ First Name _____ Citizenship _____

Company Name: _____ Position: _____

Address: _____

Office Telephone Number _____ Fax Number _____ E-Mail Address _____

Mother's Last Name _____ First Name _____ Citizenship _____

Company Name: _____ Position: _____

Address: _____

Office Telephone Number _____ Fax Number _____ E-Mail Address _____

AGREEMENT:

The parent's or guardian's signature below constitutes agreement with the following:

1. The parent or guardian and children admitted will abide by the school's established policies and procedures.
2. The parent or guardian understands that classes take field trips to take advantage of the cultural and environmental resources of Madagascar, as part of the regular educational program. All school trips will be supervised by staff members and/or other responsible adults who will exercise all reasonable caution. However, the parent or guardian agrees that the school and/or the School Board cannot accept any liability for accidents either enroute or at the activity or outing itself. In all cases, parent permission is needed for each field trip.
3. The parent or guardian understands and agrees that ESL, academic and/or diagnostic testing may be administered to the child to plan or enhance his/her educational program once he/she is registered or enrolled. The parent or guardian also understands that the results of these evaluations may require the student to repeat the grade that he/she has just completed in their previous school. Tutoring fees and testing fees are additional costs paid by the parent or guardian.
4. Unless you request otherwise, in writing, your child's name, grade and home telephone number will be printed in the school directory and handbook.
5. The parent or guardian agrees to pay all fees and tuition according to A.S.A. policy.

Signature of Parent or Guardian

Date

MEDICAL QUESTIONNAIRE

Student's Name: _____
Family Name First Name

Antananarivo Home Telephone: _____ Date of Birth _____

Antananarivo Home Address: _____

Father's Name: _____ Business Telephone: _____

Mother's Name: _____ Business Telephone: _____

Person to notify in an emergency if parents cannot be contacted:

Name: _____ Telephone: _____

Address: _____

Family Doctor : _____ Telephone: _____

Family Doctor (in Tana): _____ Telephone: _____

- If you do not have a local Doctor, please ask A.S.A. for recommendations.

Emergency contact in your home country: _____

Telephone: _____ Fax: _____

Please circle the preferred hospital or clinic to which we can transport your child in the event of an emergency. If you do not suggest a hospital, the A.S.A. usually uses the Military or Sister's Hospitals:

Military Hospital Polyclinic Ifafy St. Paul Hospital Sister's Hospital

Other: _____

1. Please describe any medical condition or history of your child that ASA should be aware of, i.e. Epilepsy, Diabetes, Asthma, Allergies, Bee Stings. _____

2. Does your child take any medication (oral or injected) on a regular basis for any of the above? If so, please give full details. _____

PHYSICAL EXAMINATION

Dear Parent(s):

We wish to cooperate with you in protecting and promoting the health of your son/daughter while he/she is at ASA. In order to comply with the entrance requirements of ASA, a physical examination within the past six months is required for all new students. **Please have your physicians complete this form. Return this to ASA prior to enrollment.**

To the Physician: Please undertake a physical examination of the pupil named below:

Family Name: _____ First Name: _____

Date of Birth: _____ Age: _____ Date of Examination: _____ Blood Type _____

Height		General Appearance			Nose	
Weight		Muscle Tone			Muscle Tone	
Pulse		Eyes (Vision)	R	L	Lungs	
Respiration		Eye Prescription & date of last check			Chest	
Blood Pressure		Hearing	R	L	Abdomen	
Reflexes		Throat			Hernia	
Additional Comments						

Physical Activities (Normal physical education classes, swimming and Competitive sports)

Unrestricted _____ Modified _____ If modified, please explain:

Medication

Is this student taking any medication (oral or injected) on a regular basis? Yes _____ No _____

If "Yes" please explain:

Doctor's Name: _____ Signature: _____

Doctor's Address: _____

Telephone: _____ Fax: _____ Email: _____

HEALTH AND IMMUNIZATION HISTORY

Please answer the following questions regarding the health history of your child. This form also needs a physician's signature. All information will be kept confidential.

Student Health History

Check "Yes" if your child has had any of the listed medical conditions below; "No" if not.

	YES	NO	Date		YES	NO	Date
Allergies/Reaction				Measles (Rubella 10 day)			
Anemia				Mumps			
Appendectomy				Operations			
Asthma				Poliomyelitis			
Bone Fractures				Rheumatic Fever			
Chicken Pox				Rubella (German Measles)			
Ear Infections				Scarlet Fever			
Eczema				Tonsillectomy			
Epilepsy				Tuberculosis			
Glandular Fever				Whooping Cough			
Heart Disease				Other:			
Special Food Considerations:							

THE BELOW IMMUNIZATIONS ARE MANDATORY AND MUST BE CURRENT BEFORE A STUDENT IS ADMITTED TO THE ASA, ACCORDING TO SCHOOL POLICY.

TYPE:	1 st	2 nd	3 rd	4 th	5 th
Poliomyelitis (TOPV – Tpi-Oral-Polio-Vaccine)					
Diphtheria, Pertussis, Tetanus (DPT)					
Measles, Mumps, Rubella (MMR)					
Tuberculosis (B.C.G. or negative mantoux test within one year prior to admission)					
Hepatitis B					
Other:					
Other:					

Some vaccines are available in conjunction with others such as Measles Rubella (MR) and Measles, Mumps Rubella, (MMR). If the student received any combination vaccine, enter the date in each appropriate box. **The student's Immunization Card MUST be attached to this form.**

Please note: Immunization procedures vary from country-to-country. If you have any questions regarding you child's immunizations, please discuss them with your physician.

Doctor's Name: _____

Signature: _____

Date: _____

MEDICAL-SURGICAL CONSENT FORM

Dear Parent(s),

We recommend that you sign this form, which will remain in your child's record and only be used in case of an emergency during school hours or during a field trip. Please rest assured that we will contact you or your designated guardian immediately should there ever be an accident. However, allowing for delays in locating you, plus time of transport to ASA and consequently continuation to a hospital, it might be necessary to take your child directly to a hospital. The absence of this authorization might complicate and delay treatment of the child.

I, (name) _____, hereby consent to
emergency medical care (including diagnostic tests and surgery) deemed necessary for
my child, (name) _____.

During my absence or if I am unavailable to give consent for further proceedings, I assign
(name) _____ as guardian of my
child.

Signature of Parent (mother) _____

Signature of Parent (father) _____

Signature of Guardian: _____

Date: _____

CULMINATING PROCEDURES

- The Admission Committee shall keep a record of each admissions meeting. Records shall be placed in individual student record folders on completion of the admissions process.
- At the conclusion of the various meetings involving individual student admissions, the Principal shall inform the classroom teacher as to when the new student will arrive. Also, written notification to the teacher(s) will be presented highlighting Special needs, first language, ESL needs and that the Administration is aware of the receiving teacher has the total number of children in the class.