

Please attach a recent photo

# APPLICATION FOR ADMISSION

Please fully complete all sections accurately. All information required below must be completed and supporting records, reports and transcripts must be provided in English for the application to be considered.

## APPLICANT

Full name \_\_\_\_\_  
FIRST MIDDLE LAST

Preferred name \_\_\_\_\_

Proposed start date \_\_\_\_\_

Date of arrival in Morocco \_\_\_\_\_

Current Grade \_\_\_\_\_ Grade applying for \_\_\_\_\_

Date of Birth \_\_\_\_\_ Gender \_\_\_\_\_  
MONTH/DAY/YEAR

Citizenship \_\_\_\_\_  
(LIST ALL IF MORE THAN ONE)

Applicant's home address in Morocco:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Parent's home email \_\_\_\_\_

Home Telephone \_\_\_\_\_

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## FATHER /STEPFATHER

Full name \_\_\_\_\_

Citizenship \_\_\_\_\_

Home address (if different from applicant):  
\_\_\_\_\_

Mobile \_\_\_\_\_

Occupation \_\_\_\_\_

Father's Employer \_\_\_\_\_

Work address \_\_\_\_\_

Work Telephone \_\_\_\_\_

Work email \_\_\_\_\_

## MOTHER/STEPMOTHER

Full name \_\_\_\_\_

Citizenship \_\_\_\_\_

Home address (if different from applicant):  
\_\_\_\_\_

Mobile \_\_\_\_\_

Occupation \_\_\_\_\_

Mother's Employer \_\_\_\_\_

Work address \_\_\_\_\_

Work Telephone \_\_\_\_\_

Work email \_\_\_\_\_

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## APPLICANT LIVES WITH (check all that apply):

Father     Mother     Stepfather     Stepmother     Other (relationship) \_\_\_\_\_

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## PLEASE SEND ALL CORRESPONDENCE TO:

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

## PLEASE SEND INVOICES TO:

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

**PRESENT SCHOOL**

\_\_\_\_\_

Address \_\_\_\_\_

Telephone \_\_\_\_\_

Public/state     Private     Religiously affiliated

Who would be the best person to contact at your most recent school?

Name \_\_\_\_\_

Position \_\_\_\_\_

Email \_\_\_\_\_

Phone (w/country code) \_\_\_\_\_

Dates of attendance \_\_\_\_\_

Language of Instruction \_\_\_\_\_

Other schools attended and dates \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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**OTHER CHILDREN IN FAMILY**

NAME	DATE OF BIRTH Day/Month/Year	GENDER	CURRENT SCHOOL	CURRENT GRADE	APPLYING TO RAS	
					Yes	No
_____	_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>

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**BUS TRANSPORTATION**

School bus service desired?     Yes     No    If yes, please indicate:     One way    or     Round trip

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**SCHOOL FEES**

The school fees are be paid by:     Parent/Guardian     Father's employer     Mother's employer     Other \_\_\_\_\_  
Employer's category:     Government     Corporation     Organization     Self employed     Other

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**SCHOOL PUBLICATIONS**

The school would like to make telephone directories available.  
Would you like your telephone number published in the directory?  
 Yes     No

We occasionally put pictures of groups of our students  
website, or in our in the community section of our  
publications. Do you object to your child's appearing in  
these photos?     Yes     No

If "No" please indicate the phone numbers NOT TO BE INCLUDED

\_\_\_\_\_

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**HOW DID YOU LEARN ABOUT RAS?**

Employer     Advertising     Website     Current School     Friends     RAS Alumni     International School Directory  
 Other \_\_\_\_\_

**LANGUAGES**

Describe the applicant’s language abilities:

	UNDERSTAND	SPEAK	READ	WRITE	YEARS IN FORMAL INSTRUCTION
Applicant’s first language _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Applicant’s second language _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Applicant’s third language _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Father’s languages _____					
Mother’s languages _____					

Which languages are spoken at home? \_\_\_\_\_

Which language do you consider to be the applicant’s “native” language? \_\_\_\_\_

Has your child been enrolled in an ESOL or bilingual program?  Yes  No

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**EDUCATIONAL ACADEMIC INFORMATION**

Has the applicant been identified with or participated in a program for any of the following (if none apply, check “none”)

- None
- Gifted/Gifted and Talented
- ESOL (English for speakers of other languages)
- Remedial or learning support
- Tutoring
- Speech/language/therapy
- Occupational therapy
- Learning disability
- ADD/ADHD
- Behavior management
- Other \_\_\_\_\_

Has a physician ever prescribed medication to your child to aid the learning process?  Yes (please explain)  No

\_\_\_\_\_

Has your child ever skipped a grade or been retained in school?  Yes (please explain)  No

\_\_\_\_\_

Has your child ever been asked to leave or been expelled from a school?  Yes (please explain)  No

\_\_\_\_\_

Has your child had any psychological or neurological testing?  Yes (please provide copies)  No

Has your child ever received extra academic support during the school day?  Yes (please explain)  No

\_\_\_\_\_

Does your child have an IEP or 504 Plan?  Yes (please explain)  No

\_\_\_\_\_

Has your child experienced social, emotional or behavioral difficulties in school? If yes, please explain

\_\_\_\_\_

\_\_\_\_\_

Please describe any physical or medical conditions or concerns that affect your child?

\_\_\_\_\_

\_\_\_\_\_

**PLEASE PROVIDE COPIES OF ALL REPORTS AND EVALUATIONS RELATING TO ANY OF THE ABOVE.**

We certify that the information provided on this application is complete and accurate. We understand that if complete and accurate information has not been provided, Rabat American School may be unable to provide services or accommodations, and, may withdraw its offer of admission. Your signature verifies that you are the legal guardian for the applicant and are responsible for decisions involving his/her education.

Signature of Parent or Legal Guardian \_\_\_\_\_ Date \_\_\_\_\_

## HEALTH RECORD

Student's name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Gender \_\_\_\_\_ Grade at Entry \_\_\_\_\_

Father's name \_\_\_\_\_ Work and Cell phone number \_\_\_\_\_

Mother's name \_\_\_\_\_ Work and Cell phone number \_\_\_\_\_

## OTHER EMERGENCY CONTACT

NAME (last & first) \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_ PHONE NUMBER \_\_\_\_\_

<p>Does Your child have any allergies?   <input type="checkbox"/> Yes   <input type="checkbox"/> No</p> <p>If Yes:   Food _____</p> <p>              Insects _____</p> <p>              Drug _____</p> <p>              Pollen _____</p> <p>              Other _____</p> <p>Your child's recommended treatment for allergy is? (please specify)</p> <p>_____</p>	<p>Allergy symptoms include:</p> <p><input type="checkbox"/> Rash</p> <p><input type="checkbox"/> Rhinitis</p> <p><input type="checkbox"/> Itchy eyes</p> <p><input type="checkbox"/> Respiratory difficulties</p> <p><input type="checkbox"/> Other</p>
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Does your child have any history of the following problems? Check <input checked="" type="checkbox"/> if child has had					
	Measles		Whooping cough		Kidney, bladder or urinary infection
	Rubella		Headache		Heart or Circulatory problem
	Mumps		Ear Infections		Tuberculosis
	Chicken pox		Eye/vision problems		Meningitis
	Strep throat		Asthma/Breathing problems		Skin Disorder
	Sore throat		Stomach problems		Other

If you answered "yes" to any of the above, please explain \_\_\_\_\_

Has your child ever been hospitalized? \_\_\_\_\_

Has your child ever had surgery? \_\_\_\_\_

Is your child taking any type of medication on a regular basis? \_\_\_\_\_

<p>The following non prescription medications may be given to my child in case I cannot be reached by phone (please check below)</p> <p><input type="checkbox"/> Antacid   <input type="checkbox"/> Anti-Cough   <input type="checkbox"/> Anti-Histamine   <input type="checkbox"/> Ibuprofen   <input type="checkbox"/> Acetaminophen (Tylenol / Paracetamol)</p> <p><input type="checkbox"/> Give no medication to my child unless I am notified first</p> <p>Parent's signature _____ Date _____</p>	
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<p>In case of an accident or emergency, the school nurse will attempt to contact the persons listed above. If no one can be reached, the Rabat American School Administration will act in loco parentis.</p> <p>Parent's signature _____ Date _____</p>	
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## INSTRUCTIONS FOR APPLICATION

It is important that admissions procedures be followed carefully so that applications can be considered. Please note that unless all required documentation is submitted, the application cannot be fully processed.

Please complete and send the following:

- ✓ RAS Application for Admission (pages 1-5)
- ✓ Student Health History / Physician's Examination (English or French version available)
- ✓ One recent photo
- ✓ Copy of photo page of passport or birth certificate
- ✓ Copy of vaccination card
- ✓ Last three years' of school report cards (when applicable)
- ✓ Official high school transcript for students applying for grades 10 to 12
- ✓ Results of any special academic or psychological evaluation
- ✓ Previous schools' profile
- ✓ Application fee of \$550 or equivalent of local currency

Please note that all of the above documents must be in English, or translated into English.

## TERMS AND CONDITIONS OF APPLICATION

### TUITION AND FEES

The application fee must be submitted with each application. The application fee will be deducted from the tuition fee if a student is accepted, or refunded if the student is refused admission. The one time registration fee must be paid for all new students in Kindergarten-Grade 12 before the new student begins to attend classes. Tuition shall be considered payable in full no later than September 1<sup>st</sup> of the current year, or in three installments based on the following dates:

- ✚ September 1<sup>st</sup>: First payment of 40% of annual tuition
- ✚ December 1<sup>st</sup>: Second payment of 30% of annual tuition
- ✚ March 1<sup>st</sup>: Third payment of 30% of annual tuition

For students enrolling late or withdrawing early, the following formula is used to calculate tuition and bus fees: tuition and bus fees divided by the number of days in the school year, times 1.25 times the days of actual attendance. (This formula does not apply to students continuing enrollment, but leaving early or arriving late.) The formula does not apply to the one time registration fee. The prorated amount will not be charged in excess of the full tuition and bus fee for the school year.

### RAS ADMISSION AND PLACEMENT

**RAS admission and placement will be finalized after the review of the complete application package, evaluation of records from previous schools, admission tests and administrative interview. All admissions are conditional for one year after which the student's progress and the school's ability to meet his/her needs will be reviewed. In addition, the administration may offer a more stringent *Conditional Enrollment* if the student's ability to be successful in the academic program is in doubt at the time of admission. A letter of agreement will specify the conditions and will be signed by the principal and the parents.**

The school has a set of admission tests for each age group that will guide the admissions team to determine whether the school can meet the applicant's needs, and, if so, the grade or program in which he or she should be placed. If the applicant is not tested in April or May, please plan to be available for testing the week preceding school entry. Testing is also possible after that date, but notification of acceptance or non-acceptance and placement within a class will be delayed up to 10 school days.

### SPECIAL EDUCATION

RAS does not offer a program for students who have come from self-contained special education programs or who have had a private assistant in the classroom at another school. The child study team and administration will determine whether a student's special education needs can be met within the context of the school. When a student's special needs are known, the parents are required to provide all copies of all reports and evaluations related to the child's diagnosis.

It is our hope that, together, we can decide if your child will be well placed for success at RAS. The information requested in the application package is our first chance to know your child.

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Please sign and return. Your signature reflects acceptance and understanding of this information.

Parent's name \_\_\_\_\_ Child's name \_\_\_\_\_  
Signature \_\_\_\_\_ Date \_\_\_\_\_