

Banjul American Embassy School

P.O. Box 2596, Serrekunda, The Gambia Tel: (220) 4495920 Fax: (220)4497181 Email: baes@ganet.gm



Application for Admission

Please fill in all items. Type or print in block letters. If you need assistance please do not hesitate to contact us.

Applying to Grade: _____ School Year: 20____ / 20____ Application Date: _____

Family Information

Student's Name: _____ Male Female

Age: _____ Date of Birth: _____ Place of Birth: _____

Address in Gambia: _____ Home Tel: _____

Nationality: _____ Other Passport(s) Held: _____

Primary Language Spoken at Home: _____

Siblings at BAES: 1 _____ 2 _____

Name Grade Name Grade

3 _____ 4 _____

Father's Name: _____ Nationality: _____

Employer: _____ Agency: _____

PO Box: _____ Tel: _____ Fax: _____

Mobile No: _____ E-mail Address: _____

Mother's Name: _____ Nationality: _____

Employer: _____ Agency: _____

PO Box: _____ Tel: _____ Fax: _____

Mobile No: _____ E-mail Address: _____

Student Information

What are the student's best subjects? _____

What are the student's most difficult subjects? _____

Have teachers ever expressed concerns about the student's academic skills and/or emotional needs? Yes No

If so, was the student tested by a specialist? Yes No

Was the student referred for special classes of any kind? Yes No

Has the student ever repeated a grade? If so, which grade(s)? _____ Yes No

Educational Background

Please list ALL previously attended schools, including dates. List the most recent first. Attach a separate sheet if necessary.

Name and Address of School	From (mm/yyyy)	To (mm/yyyy)	Language of Instruction	Telephone/Fax	Email contact

Application Statement
Please read this statement before signing your application

Each student admitted to Banjul American Embassy School must have a parent or guardian (as designated in writing by parents) residing in The Gambia and taking full responsibility for the student's welfare. If parents are absent from home overnight or longer, please inform the school of temporary guardianship as well as updates on your address and telephone numbers. The School reserves the right to refuse admission to any student who was dismissed from another school for academic, disciplinary, or other reasons. Any student/parents failing to reveal such a record at the time of enrollment may be subject to expulsion when the Director learns of the omission. Failure to provide previous testing information which can only assist the school in working with the student is also grounds for dismissal. Students expelled from BAES are not entitled to a refund of tuition fees.

I hereby make application for admission of the student to the Banjul American Embassy School in accordance with the terms, rules and regulations of the school. I understand there may be admissions testing prior to grade placement. Enclosed with this application are the following:

- One passport photograph**
- Certified copies of all previous school records and reports, including testing, IEPs, etc.**
- Copy of passport or birth certificate to verify age**

I understand that acceptance to the Banjul American Embassy School is based on a complete review of the student's records. Testing may be necessary during my child's enrollment at BAES, and I understand that my signature below gives the school permission to conduct appropriate testing, and that I will be informed in advance.

In the consideration of the acceptance by Banjul American Embassy School of the student named above, I agree to be responsible for all charges including incidental expenses. I understand that enrollment is for a full school year, that all tuition charges are due at the beginning of each trimester, and that no exemption, deduction, or rebate from tuition charges will be made in case of temporary absence, dismissal, or withdrawal after the first day of school unless withdrawal becomes necessary for reasons beyond my control such as transfer or prolonged illness. I recognize that school privileges may also be denied for any other reason deemed sufficient by the authorities of the school, in accordance with its published regulations. Should the school find it necessary to close at any time during the school year due to reasons beyond its control, I understand that fees paid to the school will not be refunded.

Signature: _____ Date: _____

For Office Use Only

Date Received: _____ Director Appt.: _____

Screening: _____

Records reviewed by: _____ Date: _____

Notes: _____

Starting School on: _____ In Grade: _____

Invoice prepared by: _____ Date: _____