THE AMERICAN SCHOOL OF DOUALA

STUDENT INFORMATION FORM

PHOTO

NAME OF STUDENT Last _____ First _____ Middle _____ Grade _____
DATE OF BIRTH _____ GENDER: Male ☐ Female ☐
(DD/MM/YYYY)
COUNTRY OF BIRTH _____ NATIONALITY _____
ADDRESS IN DOUALA _____
REQUESTED DATE OF ENROLLMENT _____ WILL STUDENT RESIDE WITH PARENTS? _____

FATHER/LEGAL GUARDIAN'S NAME _____
OCCUPATION _____ NATIONALITY _____
EMPLOYER/Company _____ TELEPHONE # _____
LOCAL WORK ADDRESS _____
Length of stay in Douala _____ E-MAIL _____

MOTHER'S NAME _____
OCCUPATION _____ NATIONALITY _____
EMPLOYER/Company _____ TELEPHONE # _____
LOCAL WORK ADDRESS _____
Length of stay in Douala _____ E-MAIL _____

NAME OF PREVIOUS SCHOOL ATTENDED _____
LANGUAGE INSTRUCTION _____ GRADE LEVEL COMPLETED _____

LANGUAGES SPOKEN BY PARENTS _____
LANGUAGES SPOKEN BY STUDENT _____
STUDENT'S FIRST LANGUAGE _____

PLEASE RATE YOU CHILD'S LANGUAGE PROFICIENCY FROM 1-5 **1 – POOR- NO SKILLS, 2- FAIR-BEGINNER, 3 – GOOD -INTERMEDIATE, 4- VERY GOOD - ABOVE AVERAGE, 5- EXCELLENT- NATIVE SPEAKER**

LANGUAGE	READING	WRITING	LISTENING	SPEAKING
ENGLISH				
FRENCH				
OTHER				

HAS YOUR CHILD BEEN DIAGNOSED OR ASSESSED FOR ANY BEHAVIORAL, DEVELOPMENTAL OR ACADEMIC DIFFICULTIES? PLEASE INDICATE THE DIAGNOSIS AND TESTS CARRIED OUT TO OBTAIN THIS DIAGNOSIS. PLEASE ATTACH COPIES OF REPORTS.
DOES YOUR CHILD TAKE ANY **MEDICATIONS RELATED TO THIS?** IF YES, PLEASE STATE WHICH. _____
_____
_____

PARENT'S EMPLOYMENT: (Check one)
Type of business or organization. Private business ☐ NGO ☐ Local government ☐ Mission Organization ☐
Is your firm affiliated with a U.S. company? Yes ☐ No ☐ If yes, name of parent company _____
Is your company contracted to the U.S. Government? Yes ☐ No ☐ If yes, agency of contract _____
U.S. GOVERNMENT EMPLOYEES PLEASE CHECK ONE: Direct Hire ☐ PSC ☐ Military ☐
INDICATE WHETHER: 1. Dept. of State ☐ 2. USAID ☐ 3. USAIA ☐ 4. MAAG ☐ 5. Navy ☐ 6. Army ☐ 7. Air Force ☐
8. Peace Corps ☐ 9. Dept. of Commerce ☐ 10. Military Attaché ☐ 11. Dept. of Agriculture ☐

PERSON OR ORGANIZATION RESPONSIBLE FOR PAYMENT OF FEES _____
COUNTRIES WHERE CHILD HAS LIVED _____
OTHER CHILDREN IN FAMILY:

Name	Age	Gender	Attending ASD?

PLEASE NOTE THAT THE SCHOOL RESERVES THE RIGHT TO DETERMINE SUITABILITY FOR ASD, AND CLASS PLACEMENT FOR STUDENTS.

Signed _____ Date: _____

THE AMERICAN SCHOOL OF DOUALA

STUDENT VACCINATION FORM

Dear Parents,

For student health purpose, your child (ren) must have the following vaccinations at ASD. Please record the exact date of administration of all vaccinations listed and enclose a photocopy of their official vaccination records.

Required immunization for students:

DPT (Diphtheria, Tetanus and Pertussis)	- at 2, 4 and 6 months, 18 months - booster at 4-5 years - TD (Tetanus and Diphtheria) at 11-12 years
IPV (Inactivated Polio Virus)	- at 2, 4 and 6 months - Booster at 4-6 years of age or at any age after 4-6 years if not given previously
BCG (Bacille Calmette-Guerin)	- this is a requirement of vaccination standard Tuberculosis (TB) or proof of TB skin test in the Republic of Cameroon and within the past 2 years. If your child has not had the vaccine TB skin test in the last 2 years is recommended.
Yellow Fever	- at 9 months old and every 10 years when visiting or living in endemic countries in Africa.

Important Note:

These are the minimum acceptable vaccines for entrance to ASD, please use this chart to record the vaccines received.

Student:					**Date of Birth:**		
Vaccine	***Date***	***Date***	***Date***	***Date***	***Date***	***Date***	
DPT/TD							
IPV							
MMR							
BCG/TB Skin Test							
Hepatitis A							
Hepatitis B							
Varicella							
Yellow Fever							
Others:							

Parent Signature _____

ASD STUDENT HEALTH FORM

Student's Name: _____Grade_____
Last name First name
Student's Date of Birth: _____/_____/_____ Sex: _____ State or Country of Birth:_____

Main Language Spoken: _____

Student's Address: _____

Name of Parent (Father :) _____House Phone: _____Work or Cell: _____

Email_____

Name of Parent (Mother): _____House Phone: _____Work or Cell _____

Email_____

Emergency Contact: _____House Phone_____ Work or Cell:_____

Is your child capable of directing someone to your home? Yes☐ No ☐

If your child is not able to find your house, is there someone at ASD who knows where you live? Name _____

MEDICAL HISTORY

Condition	**Yes/ NO**	**Comments**	**Condition**	**Yes/ NO**	Comments
Allergies (food, insects, drugs, latex)			Diabetes		
Allergies (seasonal)			Head injury, concussions		
Asthma or breathing problems			Hearing problems or deafness		
Attention-Deficit/Hyperactivity Disorder			Heart problems		
Behavioral problems			Lead poisoning		
Developmental problems			Muscle problems		
Bladder problem			Seizures		
Bleeding problem			Sickle Cell Disease (not trait)		
Bowel problem			Speech problems		
Cerebral Palsy			Spinal injury		
Cystic fibrosis			Surgery		
Dental problems			Vision problems		

Describe any other important health-related information about your child (for example; feeding tube, hospitalizations, oxygen support, hearing aid, dental appliance, etc.):_____

List all prescription, over-the-counter, and herbal medications your child takes regularly if any;_____

Check here if you want to discuss confidential health information concerning your child with the school nurse or other school authority.

Yes ☐ No ☐

ASD STUDENT HEALTH FORM

PRESENT HEALTH (please check one)

1. Is your child currently in good health? Yes ☐ No ☐
2. Do you think your child is fit to participate in all school activities and Physical Education? Yes ☐No ☐
   If no, please explain. _____
3. Does your child have any chronic illnesses or disabilities? Yes ☐ No ☐
   If yes, please explain _____
4. Is your child currently taking any medication on a regular basis, other than malaria prophylaxis? Yes☐ No☐
5. If yes, please list medications and state reason for taking them:
   Medication _____
   Dosage _____
   Reason _____

AUTHORIZATION

1. ASD has my permission to give 1 or 2 Doliprane /Efferalgan 500mg tablets for minor pain while my child is at school.

Yes ☐No ☐

2. I give my permission for the external use of calamine lotion/ first aid cream/ antibiotic cream. Yes ☐No ☐
3. In the event of minor illness, injury or emergency, I authorize ASD personnel to treat my child. Yes☐No ☐

4. **I, (do___) (do not___) authorize my child's health care provider and designated provider of health care in the school setting to discuss my child's health concerns and/or exchange information pertaining to this form.**

5 I authorize the clinic or doctor below to treat my child. (In an emergency ASD will seek available medical care if deemed necessary.)

Name of clinic_____Telephone_____

Name of Doctor _____Telephone _____

Parent Signature _____Date_____

THE AMERICAN SCHOOL OF DOUALA

ASD PHOTO AND PHONE DISCLAIMER

PLEASE SIGN AND RETURN THIS FORM TO THE SCHOOL LATEST FRIDAY MAY 25TH BY 12:00PM

Name of Student _____ Grade _____
Last (Family Name) First Name

Name of Parent _____ Signature _____ Date_____

English Version

Dear Parents,

The American School of Douala, informs parents that from time to time pictures will be taken of their children in the school. These pictures may be used in public documents like the school newsletter, social media brochures, school website and adverts in local newspapers. No child will be identified by name in these photographs.

Please check the box Yes/No if you will consent to your children's photograph being used by the school

Yes ☐ No ☐

We are preparing a school directory with students' names, parents' phone numbers and emails which may be distributed to school organisations such as the PTA. Please check the box below if you want your contacts to be included in the directory

Yes ☐ No ☐

NB. If at any point you change your mind please contact the school office

French Version

Chers Parents,

Nous tenons à vous informer que de temps en temps nous prenons des photos des enfants à l'école. Ces photos seront publiées dans le journal de l'école, le site web de l'école, les réseaux sociaux et les publicités dans les journaux locaux.

Aucun enfant ne sera identifié par son nom sur ces photos.
Veuillez nous dire si votre enfant peut figurer sur ces photos en cochant les cases ci-dessous

Oui ☐ Non ☐

Nous préparons aussi un annuaire pour l'école dans lequel seront inclus les noms des enfants et les contacts de leurs parents. Cet annuaire pourrait être distribué à différentes associations de l'école comme l'association des parents d'élèves par exemple

Veuillez indiquer si vous ne voulez pas y figurer en cochant les cases ci-dessous

Oui ☐ Non ☐

NB Veuillez contacter l'école si vous changez d'avis.

AMERICAN SCHOOL OF DOUALA

STUDENT PICKUP AUTHORIZATION FORM

Family Name: _____

Name(s) and grade(s) of child(ren) attending ASD:

_____ _____
_____ _____
_____ _____
_____ _____
_____ _____

Vehicle- 1 details
Color: _____ Plate#: _____

Vehicle- 2 details
Color: _____ Plate#: _____

Vehicle- 3 details
Color: _____ Plate#: _____

Vehicle- 4 details
Color: _____ Plate#: _____

Names of persons authorized to pick-up your child (ren) and relation of person to child (ren): Please include a photocopy of their ID cards and a passport size photo for each of these persons, with their names written at the back of each picture.

1. _____ Relation: _____Tel_____
2. _____ Relation: _____Tel_____
3. _____ Relation: _____Tel_____
4. _____ Relation: _____Tel_____

Parent Name & Signature: _____

AMERICAN SCHOOL OF DOUALA

TUITION FEE PAYMENT CONFIRMATION FORM

Date/ ……

Name of Family _____ Date of application _____

Name of Company _____ Number of years operating in Cameroon_____

We hereby confirm that we shall be responsible for tuition fees payment for the aforementioned family and so request that you send all correspondences that relate to their tuition fees to our company.

For all irregularities on tuition fees please contact Mr(s)._____

who is _____ of our Company.

Thank you,

Sign/ _____ Sign/Stamp _____Position_____
(For Family) (For Company)

AMERICAN SCHOOL OF DOUALA

STUDENT REGISTRATION TRACKING FORM

Name of student _____ Date of application _____

Please include the following documentation with your completed enrollment form:

1. Proof of Date of Birth – certified copy of birth certificate	☐
2. School Records-report cards from the previous two years of school up to grade 8/official transcripts for high school students and standardized test results	☐
3. Completed Health Form	☐
4. Vaccination Record (form provided by school)	☐
5. Two (2) recent photographs of your child	☐
6. Map of how to get to your home from school (to be completed once in Douala)	☐
7. Proof of guardianship for non-biological parent/ parents	☐
8. A record of good financial standing from previous school	☐
9. Letter from employer/ agency making payment to ASD (if applicable) (to be completed once in Douala)	☐
10. Registration fee of 300,000 FCFA ($600 US) to reserve a place for your child	☐

ADDITIONAL REQUIREMENTS FOR K2

- A PACK OF DIAPERS
- A PACK OF WIPES
- CHANGE OF CLOTHES
- 1 SMALL BLANKET