

STUDENT

ID

PHOTO

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**APPLICATION FOR ADMISSION *ALL GRADES***

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| --- | --- | --- | --- |
| **Candidate’s First Name** | **Middle Name** | **Family Name** | **Applying for Grade** |
|  |  |  |  |

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| --- | --- | --- | --- | --- | --- | --- |
| **Birthplace** | **Date of birth** | | | **Sex:** | **Nationality** | **Language at Home** |
|  | **dd/** | **mm/** | **yy/** |  |  |  |

***Education* -** *Please indicate present school first.*

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| --- | --- | --- | --- | --- |
| **Name of School** | **Address (city / country)** | **Dates Attended** | **Grades** | **Public / Private** |
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***Other Children in Family***

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Name** | **Birthdate**  ***(dd / mm / yy)*** | **Sex**  ***(M/F)*** | **Applying to ASP?** | **Now attending ASP?** | **Present Grade** |
|  | **/****/** |  |  |  |  |
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|  | **/     /** |  |  |  |  |

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| --- | --- | --- |
| *Please circle:* | **Parent / Guardian Name** | **Nationality** |
| * **Parent:** |  |  |
| * **Parent:** |  |  |
| * **Step Parent:** |  |  |
| * **Legal Guardian:** |  |  |

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| --- | --- |
| **Address outside of France** | **Current address in France** *(If you do not yet have an address in France, be sure to inform the admissions office as soon as you do.)* |
| **Street:** | **Street:** |
|  |  |
| **City/Zip Code:** | **City/Zip Code:** |
| **Country:** | **Country:** |
| **Tel:** | **Tel:** |
| **Primary e-mail:** *@* | |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Did either parent attend ASP?** | **Yes *⁪*** **No** | | **If so, what year(s) / class?** | | |  | |
| **Are parents active in current school?** | | **Board** | | ******Parent Association** | ******Fund raising** | | **Other** |

|  |  |
| --- | --- |
| * **When did you, or will you, arrive in France?** |  |
| * **Date student intends to start school:** |  |
| * **Intended length of stay in France:** |  |
| * **If student will not be residing with both parents, please indicate with whom the student will live.** | |

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 **APPLICATION FOR ADMISSION** *page 2/2*

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| --- | --- | --- |
| **Father’s employer’s name & address in France** | | |
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|  | | |
| **E-mail:** **@** | | **Tel:** |
| **Position held by Father:** | **Is your company***: (please check one)*  **American**  **French**  **Other** | |
| **Mother’s employer’s name & address in France** | | |
|  | | |
|  | | |
|  | | |
| **E-mail:      @** | | **Tel:** |
| **Position held by Mother:** | **Is your company***: (please check one)*  **American  French  Other** | |

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| --- |
| **Contact in France prior to arrival** *(e.g. Personnel officer, colleague, relocation agent)* ***Name / Position / Telephone:*** |

|  |  |  |  |
| --- | --- | --- | --- |
| **For U.S. Embassy staff only:** *Please select appropriate department* | | | |
| **State Dept** | **Defense Dept.** | | *Specify Branch or Service:* |
| **Other:** *Please specify agency:* | |  | |

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| --- | --- | --- | --- | --- |
| **Is tuition paid by employer?** | **Yes** | **No** | **More than 75%** | **Less than 75%** |

* I hereby apply for admission of my child to the American School of Paris and enclose a **non-refundable application fee** (see fee schedule at *www.asparis.org/fees*) to cover the cost of processing of my child’s application.
* I understand that this application fee is non-refundable should my child not be admitted to the school or should I withdraw the application, and that the filing of an application does not imply acceptance of my child to the school.
* I consent to allow the American School of Paris to contact any previous school my child has attended to request additional information. I waive my right to access the Confidential teacher forms provided to ASP by the previous schools.
* I understand that final grade placement for a candidate is decided after evaluation of the records or after a trial period in school.
* I understand that acceptance in Grades 5 – 12 for a non-native speaker of English requires demonstrated ability in the English language. If EAL classes are required, there will be an additional fee.
* I understand that the information requested for this application is a necessary part of the application process and of an eventual admission to ASP. It is to be used strictly for the school-wide database available to the Admissions Office and the Lower, Middle and Upper Schools. In accordance with article 34 of the January 6, 1978 French law, you have the right to access, update and change all information provided by you personally pertaining to you and your family. Should you wish to exercise this right, kindly contact the Admissions Office.
* I understand that ASP routinely uses student photographs for publication in various school communications. The school policy is to identify students by first name only. In the event that my child is accepted at ASP, I give ASP permission to use photographs of my child for school publications and website purposes. **Please contact the Admissions Office at:** [**admissions@asparis.fr**](mailto:admissions@asparis.fr) **if you DO NOT want your child’s image to appear in ASP publications and website.**

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| --- | --- | --- | --- |
| ***\*\*\* I hereby certify that the information above is accurate and complete. \*\*\**** | | | |
| **Parent Signature** |  | **Date** |  |

*For Office Use Only*

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| --- | --- | --- | --- | --- | --- | --- |
| ***Date file completed:*** |  | | | | | |
| * Accepted* | *School Director* | |  | | *Date* |  |
| * Not Accepted* | *Admissions Director* | |  | | *Date* |  |
|  | | | | ***EAL***⭘Yes *⁪*⭘ No***LEARNING SUPPORT*** *⁪* ⭘Yes *⁪*⭘ No | | |
| *Grade Placement* | | *Comment* | |  | | |
|  | |  | | |

*ASP does not discriminate on the basis of race, color, religion, or national or ethnic origin in its admission policy and administration of its school programs.*