

# STUDENT INFORMATION FORM



## THE AMERICAN SCHOOL OF KINSHASA

*Excellence in Education since 1961*

### **Mission**

**Drawing on the strengths of a committed and culturally diverse community, The American School of Kinshasa aims to provide a high quality American primary and secondary education for English-speaking students in the Democratic Republic of Congo.**

PHOTO

NAME OF STUDENT Last \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_ GENDER: Male  Female

(MM/DD/YYYY)

COUNTRY OF BIRTH \_\_\_\_\_ NATIONALITY \_\_\_\_\_

ADDRESS IN KINSHASA \_\_\_\_\_

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 Kinshasa \_\_\_\_\_ E-MAIL \_\_\_\_\_

MOTHER'S NAME \_\_\_\_\_

OCCUPATION \_\_\_\_\_ NATIONALITY \_\_\_\_\_

EMPLOYER/Company \_\_\_\_\_ TELEPHONE # \_\_\_\_\_

LOCAL WORK ADDRESS \_\_\_\_\_

Length of stay in Kinshasa \_\_\_\_\_ E-MAIL \_\_\_\_\_

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 \_\_\_\_\_

LANGUAGES SPOKEN BY PARENTS \_\_\_\_\_

LANGUAGES SPOKEN BY STUDENT \_\_\_\_\_

STUDENT'S FIRST LANGUAGE \_\_\_\_\_

COUNTRIES WHERE CHILD HAS LIVED \_\_\_\_\_

NAME OF PREVIOUS SCHOOL ATTENDED \_\_\_\_\_

LANGUAGE INSTRUCTION \_\_\_\_\_ GRADE LEVEL COMPLETED \_\_\_\_\_

DATES ATTENDED: From \_\_\_\_\_ To \_\_\_\_\_ PLEASE SUPPLY TRANSCRIPT

OTHER CHILDREN IN FAMILY:

Name	Age	Gender	Attending TASOK?
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Signed \_\_\_\_\_

Date: \_\_\_\_\_

Date admitted to TASOK \_\_\_\_\_

Grade \_\_\_\_\_