



FATHER/GUARDIAN: \_\_\_\_\_  
Family Name First Name Middle Name

Nationality: \_\_\_\_\_ Employer: \_\_\_\_\_

Address: \_\_\_\_\_ Tel No at Work: \_\_\_\_\_

MOTHER/GUARDIAN: \_\_\_\_\_  
Family Name First Name Middle Name

Nationality: \_\_\_\_\_ Employer: \_\_\_\_\_

Address: \_\_\_\_\_ Tel No at Work: \_\_\_\_\_

Who will be responsible for paying the school fees? \_\_\_\_\_

#### OTHER CONTACT INFORMATION

Home address in Mali: \_\_\_\_\_ Home Tel: \_\_\_\_\_

If not yet living in Mali, correspondence address outside Mali: \_\_\_\_\_

Fax: \_\_\_\_\_ Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

How did you hear about the American International School of Bamako? \_\_\_\_\_

---

#### HEALTH INFORMATION

General Health: \_\_\_\_\_ Any known allergies? \_\_\_\_\_

Type of malaria prophylaxis taken? \_\_\_\_\_

Any other Medications taken regularly? \_\_\_\_\_

##### Inoculations \*\*

DPT \_\_\_\_\_  
Typhoid \_\_\_\_\_

Polio \_\_\_\_\_  
Measles \_\_\_\_\_

Mumps \_\_\_\_\_  
Rabies \_\_\_\_\_

In case of illness or emergency, what is the best method to contact you? \_\_\_\_\_

In case parents/guardians are not available, whom should we contact in an emergency? \_\_\_\_\_

---

#### TERMS OF APPLICATION

Admission to the school and or class placement is determined by the Director according to age, the evaluation of previous school records, and a personal interview.

\* Proof of age is required. (A copy of the student's passport information page or a copy of the certificate of birth.)

\*\* A copy of the applicant's inoculation record is required.

\*\*\* A copy of all previous school records is required.

Tuition and fees are due and payable in full in US\$ prior to the first day of attendance at AISB. Arrangements for payment in installments are possible by contacting the Director for approval. The Director's prior approval is required for CFA payment of tuition or fees.

I have read the above carefully and I accept that signature of this registration application constitutes acceptance of these conditions. If this application is accepted, I thereby agree to pay all fees when due.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Name (please print)

\_\_\_\_\_  
Date

---

#### For Office Use Only:

Date of Application \_\_\_\_\_

Date of Admission \_\_\_\_\_

Grade Level Placement \_\_\_\_\_

Approval \_\_\_\_\_

Director