



**B.P. E4318 Bamako**

**Tel: 44905300, 70059709, 90506939**

**Email: admin@bia-k8.ws**

### **Official Enrollment Application Form**



Please, register \_\_\_\_\_ as a student on grade level.

\_\_\_\_\_ with BIA, starting (month) \_\_\_\_\_, (year) 20\_\_\_\_\_.

My child and I agree to abide by the BIA school policies within and outside of the classrooms. I will be responsible for meeting all financial obligations incurred by the child while he or she is enrolled.

Signed: \_\_\_\_\_ Date of Application: \_\_\_\_\_  
(Parent or Guardian)

Child's Full Name: \_\_\_\_\_ Child's Preferred Name: \_\_\_\_\_  
Expected Date of \_\_\_\_\_

Entrance: \_\_\_\_\_ Grade level completed: \_\_\_\_\_ Expected Grade Level: \_\_\_\_\_

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

Date of Birth (DD/MM/YY): \_\_\_\_\_

Child's Home Address in Bamako: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Email: \_\_\_\_\_

Home Phone Number: \_\_\_\_\_ Malian resident? Yes: \_\_\_\_\_ No: \_\_\_\_\_

### **Parent or Guardian Information**

Father's Full Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Occupation/Employer: \_\_\_\_\_ Phone: \_\_\_\_\_

Mother's Full Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Occupation/Employer: \_\_\_\_\_ Phone: \_\_\_\_\_

### Child's Pick-up Information Persons authorized to pick up child:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Person not authorized to pick up child:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### Personal History

Is your child right-handed or left-handed? \_\_\_\_\_

Has your child had any previous schooling experience in English? \_\_\_\_\_

If so, when and where?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Does your child have any allergies? \_\_\_\_\_

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Are there any medical situations of which we should be aware of?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Is there any particular food or eating instructions?

\_\_\_\_\_

Additional information such as discipline or special instructions:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## Authorized Adults

In case of an emergency in which you cannot be reached, please indicate the names and the phone numbers of three authorized adults to contact:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

## First Aid

In case of an emergency, I authorize the staff to provide any first aid deemed necessary for my child:

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

In case of an emergency in which I cannot be reached, the physician listed below and/or

\_\_\_\_\_ hospital is hereby authorized to provide any emergency care necessary for my child. I hereby authorize the transfer of my child's health records to the hospital noted above.

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

## Field Trips

I hereby give consent for my child to attend all school field trips. I understand that seat-belted vehicles are used and that I will be informed prior to each scheduled trip.

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

## Parents Involvement

We welcome parental involvement in all school activities. Please indicate below if you would like to volunteer as a school mom/dad.

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

## Sickness

I am aware that the school prohibits sick children at school. Therefore, I will not bring my child to school displaying signs of illness e.g., rash, diarrhea, runny nose, or fever. I understand that if my child becomes ill during the day, I must pick him/her up promptly.

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

## Terms of application

The BIA administration determines enrollment to the academy by age, the evaluation of previous academic records, or placement test. The documents required at enrollment include.

1. A proof of your child's age is required
2. A copy of your child's immunization card is required.
3. A copy of the last two years school record is required.

BIA uses a bundle method in setting annual tuition. Therefore, we do not offer learning supplies at an additional cost.

Students tuition is due in full on their first day of attendance.

Payment Plan: BIA offers two installment payment plan due by August 1<sup>st</sup> (60%) and January 20<sup>th</sup> (40%).

I have read the above carefully, and I accept that the signing of this registration application constitutes acceptance of these conditions. Accordingly, when this application is approved, I accept to pay all fees when due.

Name in Prints: \_\_\_\_\_

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