

Admissions Procedures

FOR APPLICANTS TO KINDERGARTEN 2 THROUGH GRADE 1

The following checklist will help guide you through your child's application for admission to The American School of Marrakech.

- Make an appointment for a **CAMPUS TOUR** by contacting the Admissions Office at: admissions@asm.ac.ma or +212 (0)524 32 98 60 / +212 (0)524 32 98 61.
- Complete and mail the **APPLICATION FOR ADMISSION** and **PARENT STATEMENT** to The American School of Marrakesh Admissions Office.
- Send the Admissions Office an **OFFICIAL COPY OF YOUR CHILD'S BIRTH CERTIFICATE**.
- Give the **TEACHER EVALUATION FORM** to your child's current teacher and the **TRANSCRIPT & GRADES RELEASE FORM** to the school office at your child's current school, as appropriate. Ask that the teacher and school mail the requested documents directly to The American School of Marrakech Admissions Office.
- The Admissions Office will contact you to arrange **TESTING AND INTERVIEWS** once we have received your completed application materials.
- The Admissions Office will contact you once a final decision is made regarding enrolment.

Other Required Documents:

- Vaccination Record
- Two Photos
- Medical Certificate
- Copy of parents passports/ID

APPLICANT'S CURRENT SCHOOL _____ Year Entered _____ Current Grade _____

School Address _____ School Phone _____

Previous schools and grades/dates of attendance _____

Name(s) of teachers(s) writing evaluation(s) _____

Is English the child's first language? Yes No If no, please specify other language(s) spoken at home: _____

Have you had a tour of The American School of Marrakech? Yes No If yes, when? _____

How did you hear about The American School of Marrakech? _____

Have any relatives attended or graduated from The American School of Marrakech? (Please include name and class.) _____

Parent's signature _____ Date _____

Thank you for completing this application. Please mail it with the Parent Statement and birth certificate directly to:

Admissions Office
American School of Marrakech
B.P. 6195
Marrakech 40000 Morocco

Parent Statement

FOR APPLICANTS TO KINDERGARTEN 2 THROUGH GRADE 1

First and Last Name of Applicant _____ Applying to Grade _____

Father's First and Last Name _____

Mother's First and Last Name _____

As part of the admissions process, we ask parents to provide information on their child. In order to help us get to know your child better, please answer the following questions.

1. WHAT ARE THE QUALITIES YOU BELIEVE TO BE IMPORTANT IN A GOOD EDUCATION?

2. PLEASE DESCRIBE YOUR CHILD - HIS/HER PERSONALITY, INTERESTS, AND TALENTS.

3. WHAT DO YOU SEE AS YOUR CHILD'S PARTICULAR STRENGTHS AND CHALLENGES?

4. HOW WOULD YOU ASSESS YOUR CHILD'S LEARNING OR SCHOOL EXPERIENCES TO DATE?

5. HOW WOULD YOU DESCRIBE YOUR CHILD'S INTERACTIONS WITH PEERS AND ADULTS?

6. IS THERE ANY OTHER INFORMATION YOU WOULD LIKE TO SHARE TO HELP US GET TO KNOW YOUR CHILD BETTER – FOR EXAMPLE, IMPORTANT FAMILY, HEALTH OR DEVELOPMENTAL EVENTS?

7. ARE THERE ANY REASONS THAT YOUR CHILD WOULD BE UNABLE TO PARTICIPATE FULLY IN ALL SCHOOL ACTIVITIES?

Parent's signature _____

Date _____

THANK YOU FOR COMPLETING THIS FORM.
Please return it with the Application to:

Admissions Office
American School of Marrakech
B.P. 6195
Marrakech 40000 Morocco

Teacher Evaluation Form

FOR APPLICANTS TO KINDERGARTEN 2 THROUGH GRADE 1

TO THE PARENT: Please complete the following information before giving this to the teacher.

CHILD'S NAME _____ Applying to Grade _____
LAST FIRST MIDDLE

Name of teacher _____ Grade level taught _____

Name of school _____ School address _____

Parent's name _____ Parent's signature _____

TO THE TEACHER: The child named above has applied for admission to The American School of Marrakech. Your comments will be valuable to us in getting to know this student and will remain confidential. All evaluations are reviewed with the full awareness that young children are constantly changing and developing. We appreciate your time and effort spent on this child's behalf.

1. PLEASE INDICATE YOUR ASSESSMENT OF THE APPLICANT IN THE FOLLOWING AREAS BY PLACING A CHECKMARK IN THE APPROPRIATE BOX:

	AREA OF STRENGTH	AGE APPROPRIATE	PROGRESSING TOWARD AGE APPROPRIATE	AREA OF CONCERN
Attention span				
Ability to focus in a group				
Capacity for delay				
Cooperative attitude				
Frustration tolerance				
Task completion				
Ability to focus on individual tasks				
Respect for classroom routines				
Transitions between activities				
Response to behavioral redirection				
Willingness to try new activities				
Curiosity				
Initiative				
Enthusiasm for new challenges				
Problem-solving ability				
Ability to separate from parent				
Interaction with peers				
Interaction with adults				
Self-confidence				
Willingness to share materials				
Imagination				
Leadership potential				
Willingness to follow another's lead				
Appropriate use of humor				
Ability to express needs and feelings				
Ability to manage feelings				

2. PLEASE INDICATE YOUR ASSESSMENT OF THE APPLICANT IN THE FOLLOWING AREAS BY PLACING A CHECKMARK IN THE APPROPRIATE BOX:

- | | | | |
|---|---|--|--|
| Small loco-motor control and coordination | <input type="checkbox"/> Area of strength | <input type="checkbox"/> Age appropriate | <input type="checkbox"/> Needs development |
| Large loco-motor control and coordination | <input type="checkbox"/> Area of strength | <input type="checkbox"/> Age appropriate | <input type="checkbox"/> Needs development |
| Speech development (articulation) | <input type="checkbox"/> Area of strength | <input type="checkbox"/> Age appropriate | <input type="checkbox"/> Needs development |

3. BRIEFLY DESCRIBE THE SETTING IN WHICH YOU KNOW THIS CHILD. HOW MANY DAYS PER WEEK DOES THE CHILD ATTEND YOUR PROGRAM AND WHAT ARE THE HOURS? WHAT ARE THE IMPORTANT AREAS OF YOUR CURRICULUM?

4. PLEASE DESCRIBE THIS CHILD'S STRENGTHS AND CHALLENGES AS A MEMBER OF YOUR CLASS.

5. HOW DOES THIS CHILD RELATE TO OTHER CHILDREN AND ADULTS? DOES HE/SHE PREFER TO WORK INDEPENDENTLY OR IN A GROUP?

6. IF APPLICABLE, PLEASE COMMENT ON EMERGING READING SKILLS AND MATH SKILLS.

7. IS THERE ANY ADDITIONAL INFORMATION YOU WOULD LIKE TO SHARE THAT WILL HELP US GET TO KNOW THIS CHILD?

8. MAY WE CONTACT YOU FOR FURTHER INFORMATION? Yes No E-

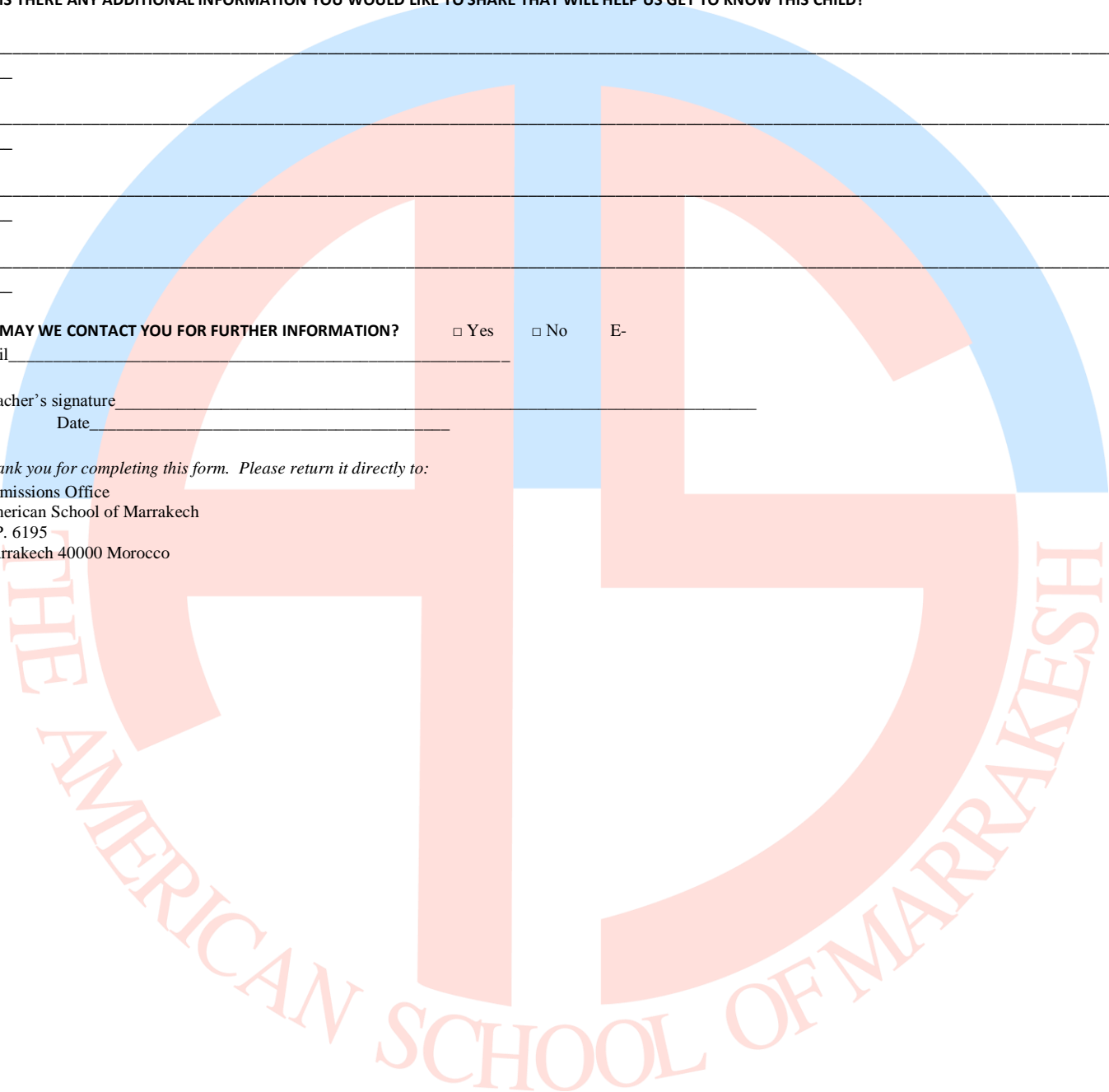
mail _____

Teacher's signature _____

Date _____

Thank you for completing this form. Please return it directly to:

Admissions Office
American School of Marrakech
B.P. 6195
Marrakech 40000 Morocco



Transcript & Grades Release Form

FOR APPLICANTS TO KINDERGARTEN 2 THROUGH GRADE 1

TO THE PARENT: Please complete the following information and give this form to the school office at your child's current school.

To the Registrar of _____
APPLICANT'S CURRENT SCHOOL

I hereby authorize you to send a copy of my child's official school transcript, as well as a copy of the current school year's report card and grades, and all standardized test scores to The American School of Marrakech.

Student's name _____ Grade _____

Parent's name _____

Parent's signature _____ Date _____

Please mail the requested materials to:

Admissions Office
American School of Marrakech
B.P. 6195
Marrakech 40000 Morocco

The American School of Marrakech Route Nationale N° 9, Route de Ouarzazate B.P. 6195 Marrakech 40000 Morocco
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