

## Admissions Procedures

FOR APPLICANTS TO GRADE 2 THROUGH GRADE 5

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](mailto: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 Marrakech 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 forms directly to The American School of Marrakech Admissions Office.
- Please enclose a check of 500.00 MAD application fee.
- The Admissions Office will contact you to arrange **TESTING AND INTERVIEWS** once we have received your completed application materials.

### Other Required Documents:

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

# Application for Admission

**CHILD'S NAME** \_\_\_\_\_ Applying to Grade \_\_\_\_\_  
LAST FIRST MIDDLE

Date of Birth \_\_\_\_\_  Boy  Girl Nickname \_\_\_\_\_  
MONTH/DAY/YEAR

Nationality: Applicant \_\_\_\_\_ Father \_\_\_\_\_ Mother \_\_\_\_\_

Street Address \_\_\_\_\_

Mailing Address (if different than above) \_\_\_\_\_

Child lives with:  Both parents  Mother  Father  Other \_\_\_\_\_ Home Phone \_\_\_\_\_

Parents:  Married  Separated  Divorced  Mother Deceased  Father Deceased  Single parent

Names, ages, and schools of all other children in the family:

Name \_\_\_\_\_ Age \_\_\_\_\_ School \_\_\_\_\_

Name \_\_\_\_\_ Age \_\_\_\_\_ School \_\_\_\_\_

Name \_\_\_\_\_ Age \_\_\_\_\_ School \_\_\_\_\_

**FATHER'S NAME** \_\_\_\_\_

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

Permanent Address (if different from above) \_\_\_\_\_

Permanent Address (if different from above) \_\_\_\_\_

Cell Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_

Preferred E-mail \_\_\_\_\_

Preferred E-mail \_\_\_\_\_

Occupation \_\_\_\_\_

Occupation \_\_\_\_\_

Title \_\_\_\_\_

Business Phone \_\_\_\_\_

Employer \_\_\_\_\_

Title \_\_\_\_\_

Business Address \_\_\_\_\_

Employer \_\_\_\_\_

Business Address \_\_\_\_\_

Business Phone \_\_\_\_\_

Will parents reside full-time in Marrakech? Father Yes No Mother Yes No



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 Marrakesh  
Route de Ouarzazate, Km 9  
B.P.6195  
Marrakech 40000 Morocco

# Parent Statement

FOR APPLICANTS TO KINDERGARTEN 2 THROUGH GRADE 4

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?**

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

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

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

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

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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?

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

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Parent's signature \_\_\_\_\_ Date \_\_\_\_\_

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

**Admissions Office**  
American School of Marrakesh  
Route de Ouarzazate, Km 9  
B.P.6195  
Marrakech 40000 Morocco

# Teacher Evaluation Form

FOR APPLICANTS TO GRADE 2 THROUGH GRADE 4

**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. We would like to know about this child's strengths and challenges as a student in your classroom. Please comment on the child's intellectual development, academic achievement, classroom behavior, and social and emotional development. Work samples are welcome and may be attached, along with any additional information you believe will help us get to know this child. We appreciate your time and effort spent on this child's behalf.

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**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 Marrakesh  
 Route de Ouarzazate, Km 9  
 B.P.6195  
 Marrakech 40000 Morocco

# Transcript & Grades Release Form

FOR APPLICANTS TO KINDERGARTEN 2 THROUGH GRADE 4

**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 Marrakesh  
Route de Ouarzazate, Km 9  
B.P.6195  
Marrakech 40000 Morocco