

Admissions Procedures

FOR APPLICANTS TO GRADES 6 THROUGH 12

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

- Make an appointment to **TAKE A TOUR** of ASM by contacting the admissions office at: admissions@asm.ac.ma or +212 (0)524 32 98 60/+212 (0)524 32 98 61.
- Give the **TRANSCRIPT & GRADES REQUEST FORM** to the school office at your child's current school.
- Give the **TEACHER EVALUATION FORMS** to teachers. Two are required for all applicants – one English teacher and one Math teacher. If the teacher teaches both English and Math, please ask another teacher to fill out the second form. Ask that the teachers mail the forms directly to The American School of Marrakech Admissions Office.
- Complete and mail the **APPLICATION FOR ADMISSION, PARENT STATEMENT, AND STUDENT STATEMENT** to The American School of Marrakech Admissions Office.
- Send the Admissions Office a **SAMPLE OF YOUR CHILD'S WRITING**. This should be a finished work that your child has submitted for a grade. Leave the teacher comments intact.
- Enclose a check of 500 MAD application fee.
- Send the Admissions Office an **OFFICIAL COPY OF YOUR CHILD'S BIRTH CERTIFICATE**.
- The Admissions Office will contact you to arrange **TESTING AND INTERVIEWS** once we have received your application.

Other Required Documents:

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

Application for Admission

FOR APPLICANTS TO GRADES 6 THROUGH 12

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 _____

Title _____

Employer _____

Employer _____

Business Address _____

Business Address _____

Business Phone _____

Business Phone _____

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

Mother Yes No

The American School of Marrakesh Route de Ouarzazate, Km 9 B.P. 6195 Marrakech 40000 Morocco
Tel: +212 (0)524 32 98 60/+212 (0)524 32 98 61 Fax: +212 (0) 524 32 81 85 Website: www.asm.ac.ma E-mail admissions@asm.ac.ma

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 evaluations _____

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, Student Statement, and other requested materials directly to:

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

English Teacher Evaluation Form

FOR APPLICANTS TO GRADES 6 THROUGH 12

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: Please answer the following questions concerning the above-named student. Your responses will be valuable to us in getting to know this student well and will be help in strict confidence. We appreciate your time and effort spent on this child's behalf.

1. PLEASE ASSESS THIS STUDENT'S INTELLECTUAL ABILITIES, INCLUDING CRITICAL THINKING, CURIOSITY, READING SKILLS, AND ABSTRACT REASONING.

2. PLEASE ASSESS THIS STUDENT'S ACADEMIC PERFORMANCE, INCLUDING CONSISTENCY AND STRENGTH OF EFFORT, STUDY SKILLS, USE OF TIME, CLASS PARTICIPATION, AND READING COMPREHENSION.

3. PLEASE ASSESS THE QUALITY OF THIS STUDENT'S WRITTEN EXPRESSION, IN TERMS OF BOTH CONTENT AND MECHANICS.

7. IF YOU COULD SINGLE OUT ONE AREA IN WHICH THE STUDENT NEEDS TO IMPROVE, WHAT WOULD IT BE?

PLEASE ASSESS THIS STUDENT'S PERFORMANCE IN YOUR CLASS RELATIVE TO HIS/HER CLASSMATES?

- Top 2%
- Top 10%
- Top 25%
- Top 50%
- Below 50%

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:

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

Mathematics Teacher Evaluation Form

FOR APPLICANTS TO GRADES 6 THROUGH 12

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 course or subject taught _____

Name of school _____ School address _____

Parent's name _____ Parent's signature _____

TO THE TEACHER: Please answer the following questions concerning the above-named student. Your responses will be valuable to us in getting to know this student well and will be help in strict confidence. We appreciate your time and effort spent on this child's behalf.

1. WHAT IS THE TITLE OF THIS STUDENT'S MATHEMATICS COURSE? PLEASE INDICATE THE LEVEL (ON-GRADE, ACCELERATED, HONORS) AND BRIEFLY DESCRIBE THE COURSE CONTENT.

2. BRIEFLY DESCRIBE THE OVERALL ACHIEVEMENT OF THIS STUDENT IN YOUR CLASS. DOES HE/SHE HAVE A GRASP OF THE SKILLS REQUIRED TO SOLVE PROBLEMS?

7. IF YOU COULD SINGLE OUT ONE AREA IN WHICH THE STUDENT NEEDS TO IMPROVE, WHAT WOULD IT BE?

PLEASE ASSESS THIS STUDENT'S PERFORMANCE IN YOU CLASS RELATIVE TO HIS/HER CLASSMATES?

- Top 2%
- Top 10%
- Top 25%
- Top 50%
- Below 50%

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:

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Marrakech 40000 Morocco

Parent Statement

FOR APPLICANTS TO GRADES 6 THROUGH 12

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 IN THE SPACE PROVIDED.

What foreign languages has your child studied? _____ How long? _____

Musical instruments played: _____ How long? _____

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.
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Tel: +212 (0)524 32 98 60/+212 (0)524 32 98 61 Fax: +212 (0)524 32 81 85 Website: www.asm.ac.ma E-mail admissions@asm.ac.ma

4. WHAT QUALITIES ARE YOU LOOKING FOR IN YOUR NEW SCHOOL? DESCRIBE WHY THESE QUALITIES ARE IMPORTANT TO YOU.

5. WHAT EXTRACURRICULAR ACTIVITIES (SPORTS, CLUBS, VOLUNTEER ACTIVITIES OR OTHER) HAVE YOU PARTICIPATED IN DURING THE PAST YEAR? DESCRIBE YOUR INVOLVEMENT.

Student's signature _____

Date _____

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Transcript & Grades Release Form

FOR APPLICANTS TO GRADES 6 THROUGH 12

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:

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