

# EARLY CHILDHOOD APPLICATION



## 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 Marrakesh.

- 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 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 Marrakesh 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.
- Please enclose a check of 1000.00 MAD application fee.

### Other Required Documents:

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

# Application for Admission



FOR APPLICANTS TO KINDERGARTEN 2 THROUGH GRADE 1

**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) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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\_\_\_\_\_

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

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

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

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

Occupation \_\_\_\_\_

Occupation \_\_\_\_\_

Title \_\_\_\_\_

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

Employer \_\_\_\_\_

\_\_\_\_\_

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

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

Title \_\_\_\_\_

Employer \_\_\_\_\_

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

Will parents reside full-time in Marrakesh? 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 Marrakesh?  Yes  No If yes, when? \_\_\_\_\_

How did you hear about The American School of Marrakesh? \_\_\_\_\_

Have any relatives attended or graduated from The American School of Marrakesh? *(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  
B.P. 6195  
Marrakesh 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?**

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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  
B.P. 6195  
Marrakesh 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.



**TO THE TEACHER:** The child named above has applied for admission to The American School of Marrakesh. 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

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 \_\_\_\_\_

**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 TOWARDS 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?**

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

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

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

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

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

Email \_\_\_\_\_

Teacher's signature \_\_\_\_\_ Date \_\_\_\_\_

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

Admissions Office  
American School of Marrakesh  
B.P. 6195  
Marrakesh 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 Marrakesh.*

Student's name \_\_\_\_\_ Grade \_\_\_\_\_

Parent's name \_\_\_\_\_

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

Please mail the requested materials to:

**Admissions Office**  
American School of Marrakesh  
B.P. 6195  
Marrakesh 40000 Morocco