



Student Application Form

The American School of Kinshasa

Scan and email to: registrar@tasok.net

Date of Application: / / (Month/Day/Year)

Information About Student:

Last Name First Name Middle Name Preferred Name

☐ Male ☐ Female

Date of Birth: _____
 Month Day Year

Citizenship (Passport): _____

Anticipated start date at TASOK: / / (Month/Day/Year) Grade Level Applying For: _____

Address of Residence in Kinshasa: _____

Home phone number in Kinshasa: _____

Information About Parents:

Parent One: ☐ Father ☐ Mother

Last Name First Name Citizenship (Passport)

Occupation Employer or Organization

Office Address in Kinshasa: _____

Work Phone Number Cell Phone Number Email Address

Languages Spoken: _____

Parent Two: ☐ Father ☐ Mother

Last Name First Name Citizenship (Passport)

Occupation Employer or Organization

Office Address in Kinshasa: _____

Work Phone Number Cell Phone Number Email Address

Languages Spoken: _____

Authorized Emergency Contact (Required):

Last Name

First Name

Citizenship (Passport)

Occupation

Employer or Organization

Office Address in Kinshasa: _____

Work Phone Number

Cell Phone Number

Email Address

Languages Spoken: _____**Student School History:**

1. Is this your child's first application to TASOK? ☐ Yes ☐ No
2. Your child's English reading and writing level: ☐ Fluent ☐ Good ☐ Limited ☐ None
(as appropriate to age and grade level)
3. Your child's English spoken level: ☐ Fluent ☐ Good ☐ Limited ☐ None
(as appropriate to age and grade level)
4. Major language(s) used at home: _____

5. Has your child participated in advance level classes (e.g., Gifted and Talented, Advanced Mathematics or Writing etc.)? If yes, please explain.

6. Has your child ever had a learning assessment or received remedial help in previous schools (e.g., Learning Support, Resource Room, Remedial Reading, Speech Therapy, Occupational Therapy, Special Education, IEP etc.)? If yes, please explain in detail and provide the latest testing results, IEP report and/or any other assessments or documents related to the support provided.

7. Has your child ever been asked to leave school because of any behavioral/disciplinary problems? If yes, please explain.

School Year	Name of School and Location	Academic Year month – year to month - year	Child's Age	Grade Level	Language of Instruction
1					
2					
3					
4					
5					
6					

Required Information: Provide the name, telephone number and email address of the Head or Principal of your child's current or most recent school. TASOK reserves the right to contact the previous Head of School directly for further information on a student and/or for clarification of documents submitted.

Head of School

Phone Number

Email Address

Tuition and Fees Payment Information:

The Tuition Invoice should be sent to (may be more than one): ☐ Organization ☐ Parent One ☐ Parent Two

Invoice Information for Organization/Company Sponsored Student:

Sponsoring Organization: _____
Addressee: _____
Address: _____
Contact Telephone Number: _____

Invoice Information for Parent(s): ☐ Please check if same as Residential Address or, if not, please specify:

Percent of Tuition Fee to be billed to the Sponsoring Organization: _____ %

Percent of Tuition Fee to be billed to Parent(s): _____ %

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- ☐ Failure to provide complete and accurate information of any kind on this form will void the application and may result in the student being permanently exited from TASOK.
 - ☐ The American School of Kinshasa reserves the right to determine the placement of the applicant in the grade level or subjects deemed most appropriate for the student's experience/performance.
 - ☐ It is the parent/guardian's responsibility to inform the school of any changes in status or contact information.
 - ☐ By signing this application form, the parent/guardian gives permission for The American School of Kinshasa to contact previous schools to request additional information including all academic, medical and psycho educational records, within school policy, as may be required for admission consideration of this applicant.

To the best of my knowledge the information submitted on this form is true and correct

Signature of Parent One Signature of Parent Two Date: / / / (Month/Day/Year)

Date of Admission: / / / (Month/Day/Year) Grade Level: _____

Signature of Superintendent: _____ Date: / / / (Month/Day/Year)

Comments: _____



**The American
School of Kinshasa**

International Address:
TASOK / Kinshasa
c/o Mail Call
1000 Cordova Place #318
Santa Fe, NM 87505

Street Address:
Route de Matadi
Ngaliema, Kinshasa II
Democratic Republic of Congo