



**APPLICATION FOR ADMISSION
SCHUTZ AMERICAN SCHOOL**

P.O. Box 1000, Alexandria, Egypt
Telephone: (+203) 574-1435/576-2205
Fax: (+203) 576-0229
Email: registrar@schutzschool.org.eg
Registrar Cellphone: +201206930083



All applicants to Schutz American School must submit the following:

1. Application for Admission.
2. All pertinent school records for the past three years.
3. Copy of passport and/or birth certificate.
4. 2 photographs

PLEASE FILL IN THIS FORM COMPLETELY, LEAVING NO SPACES BLANK.
PLEASE PRINT OR TYPE.

STUDENT INFORMATION

Last Name: _____ First Name: _____ Middle Name: _____.

Birthdate: Month _____ Day _____ Year _____ Sex _____

Citizenship: _____ Passport No: _____

Applying for Admission to Grade: _____ starting on: _____ (date)

PARENT INFORMATION

	Father			Mother		
Name	Last	First	Middle	Last	First	Middle
Home Address in Alexandria	_____					
Home Telephone	_____			_____		
Cellphone	_____			_____		
Email	_____			_____		
Citizenship	_____			_____		
Marital Status	_____			_____		
Occupation	_____			_____		
Employer	_____			_____		

Business Address _____

Business Telephone _____

Permanent Mailing Address (Address in Home Country) _____

Permanent Telephone _____

During the school year the student will live with _____

Will the applicant need bus transportation? Yes No

OTHER CHILDREN IN THE FAMILY

Name of the Sibling	Date of Birth/Age	Schutz Student
_____	_____	<input type="radio"/> Yes <input type="radio"/> No
_____	_____	<input type="radio"/> Yes <input type="radio"/> No
_____	_____	<input type="radio"/> Yes <input type="radio"/> No

In Case of Emergency (If parents are not available), notify:

Name _____	Phone _____	Relationship _____
Name _____	Phone _____	Relationship _____

Language(s) most commonly spoken in the home: _____

Previous school(s): _____

Address & contact information: _____

Dates of attendance: from: _____ to: _____ Language of instruction: _____

Last grade completed: _____ Date completed: _____

Applicant's English Ability

Native Speaker _____ Above Average _____ Average _____ Beginner _____

Special Health/Medical conditions, if any _____

Has the applicant had any extra assistance in any subjects? If yes, explain

Has your Child ever skipped a grade or been retained?

Reason for applying to Schutz?

I understand that by signing this application for admission that my child and I will abide by all rules and regulations of Schutz American School. I certify that the information provided on this application is true and correct and understand that any misinformation may result in the dismissal of the applicant from the school.

Signature of Parent or Guardian _____ Date _____