



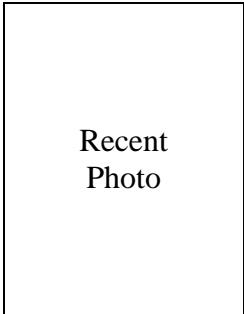
School Motto: "Schutz is Family"

APPLICATION FORM FOR ADMISSION

"The mission of Schutz American School family is to provide a premier education empowering all of our students to pursue their passions as confident global citizens."

STUDENT INFORMATION

Last Name:		First Name:		Middle Name:	
Birthdate: Month	Day	Year	Gender: <input type="radio"/> Male <input type="radio"/> Female		
Citizenship:		Applying to School year:			
Applying to Grade:		Expected start date:			
Student email address (if applicable):					
Student cellphone number (if applicable):					



Have you previously submitted an application to SAS? Yes No

PARENT INFORMATION

	Parent I	Parent II
Name		
Relationship		
Home Address		
Home Telephone		
Cellphone		
Email		
Citizenship		
Marital Status		
Occupation		
Employer		
Business Telephone		

In case of Emergency (if parents not available) notify:

Name: _____ Cellphone: _____ Relationship: _____

In whose name should tuition invoice be issued: Parent I Parent II Organization

OTHER CHILDREN IN THE FAMILY

Name of Sibling	Date of Birth/Age	Gender	SAS Student
		<input type="radio"/> Male <input type="radio"/> Female	<input type="radio"/> Yes <input type="radio"/> No
		<input type="radio"/> Male <input type="radio"/> Female	<input type="radio"/> Yes <input type="radio"/> No
		<input type="radio"/> Male <input type="radio"/> Female	<input type="radio"/> Yes <input type="radio"/> No

Language(s) most commonly spoken at home:

School History

Name of School	Contact Information	Curriculum	Years Attended

Has your child ever skipped a grade? Yes No

Has your child ever been retained? Yes No

Has your child received any of the following services?

Learning Support ESL Tutor Gifted/Talented Counseling

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- I hereby apply for admission of the above named student to Schutz American School and agree that my child and I will abide by all the rules and regulations of the school.
 - I authorize Schutz American School to administer all testing deemed appropriate by school personal to assess my child's academic skills, educational needs, and progress during the term of my child's stay at school.
 - I/we consent to allow Schutz American School to use photographs and videos of my child on the SAS website and/or for SAS public relations purposes, with the understanding that at no time will my child's name appear in association with said photographs and/or videos.
 - I/we certify that the information provided above is completely correct and authorize Schutz American School to request further information from teachers/counselors/administrators for verification.
 - Be aware that failure to provide accurate information, providing false information, or incomplete information can/will impact admissions.
 - If at any time the school determines information provided is false, inaccurate, or incomplete, the school reservist the right to review the admission decision.
 - Schutz has limited services availability for students with specific learning issues. If at any time a child develops significant learning challenges and/or significant negative behaviors Schutz reserves the right review the admissions decision. Schutz does not have services for students with mental health or intensive behavior needs.

Signature of Parent or Guardian:

Date:

Student's Signature(if applying to grade 6-12):

Date:

Address: 51 Schutz Street, PO Box 1000, Alexandria, Egypt.
 Telephone :(+203)574-1435/576-2205 Fax :(+203)576-0229.
 Registrar Cellphone: (+20)1206930083.
 Email: kbasmdjian@schutzschool.org.eg