

# BAMAKO INTERNATIONAL ACADEMY

## B.P. E4318 BAMAKO

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### (OFFICIAL ENROLLMENT APPLICATION FORM)

Please, register \_\_\_\_\_ as a student on grade level \_\_\_\_\_ with BIA, starting (month) \_\_\_\_\_, (year) 20 \_\_\_\_\_.

I understand that my child and I will be expected to abide by the rules and regulations of BIA; within and outside of the classrooms, and to this I agree. I will be responsible to meet all financial obligations incurred by the child while he or she is enrolled.

Signed: \_\_\_\_\_ Date of Application: \_\_\_\_\_  
(Parent or Guardian)

Child's Full Name: \_\_\_\_\_ Child's Preferred Name: \_\_\_\_\_

Expected Date of Entrance: \_\_\_\_\_ Grade level completed: \_\_\_\_\_

Expected Grade Level: \_\_\_\_\_ Nationality: \_\_\_\_\_

Date of Birth (DD/MM/YY): \_\_\_\_\_

Child's Home Address in Bamako: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Email: \_\_\_\_\_

Home Phone Number: \_\_\_\_\_ Malian resident? Yes: \_\_\_\_\_ No: \_\_\_\_\_

### Parent or Guardian Information

Father's Full Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Occupation/Employer: \_\_\_\_\_ Phone: \_\_\_\_\_

Mother's Full Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Occupation/Employer: \_\_\_\_\_ Phone: \_\_\_\_\_

## Child's Pick-up Information

Persons authorized to pick up child:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Person not authorized to pick up child:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## Personal History

Is your child right handed or left handed? \_\_\_\_\_

Has your child had any previous schooling experience in English? \_\_\_\_\_

If so, when and where?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Does your child have any allergies? \_\_\_\_\_

Are there any medical situations of which we should be aware of?

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Are there any special food or eating instructions?

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Additional information such as discipline or special instructions:

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## Authorized Adults

In case of an emergency, in which you cannot be reached, please indicate the names and the phone numbers of three authorized adults to contact:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

## First Aid

In case of an emergency, I authorize the staff to provide any first aid deemed necessary for my child:

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

In case of an emergency in which I cannot be reached, the physician listed below and/or \_\_\_\_\_ hospital is hereby authorized to provide any emergency care deemed necessary for my child. I hereby authorize the transfer of my child's health records to the hospital noted above.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Field Trips

I hereby give consent for my child to attend all school field trips. I understand that seat belted vehicles are used and that I will be informed prior to each scheduled trip.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Parents Involvement

We welcome parental involvement in all school activities. Please indicate below if you would like to volunteer as school mom/dad.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Sickness

I am aware that the school prohibits sick children at school. I will not bring my child to school displaying signs of illness e.g. rash, diarrhea, runny nose, or fever. I understand that if my child becomes ill during the day, it is my responsibility to pick him/her promptly.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Terms of application

The Administrator with the help of Calvert Educational Counselors determine admission to the academy and/ or class placement per age, the evaluation of previous academic records, or placement evaluation test.

- I. A proof of your child's age is required
- II. A copy of your child's immunization card is required.
- III. A copy of last two years' school record is required.

BIA uses bundle method in setting annual tuition. Tuition amount includes learning supplies, textbooks, workbooks, Calvert Advisory Teaching Services, field trips. Parents are not required to pay for additional expenses during the sessions.

Tuition must be paid in full in July, or you can enroll in our payment plan. BIA is tuition based and due to continuing expenses, annual tuition paid is non-refundable once your child's learning package is ordered from Calvert School or withdrawal.

Payment Plan: BIA offers two installment payment plan due on July 15 (60%) and January 20 (40%) in each school session.

Annual tuition fee paid is non-refundable once your child's learning package has been ordered from Calvert School.

I have read the above carefully and I accept that signing of this registration application constitutes acceptance of these conditions. When this application is accepted, I thereby accept to pay all fees when due.

Name in Prints: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_