



THE AMERICAN SCHOOL IN SWITZERLAND
APPLICATION FOR ELEMENTARY SCHOOL ADMISSIONS

PLEASE FILL OUT ALL SECTIONS (type or print in capital letters)

STUDENT INFORMATION

First Name _____ Middle Name _____ [_____]
 Last Name _____ *Nickname* _____

Male Female Age _____ Date of Birth _____ / _____ / _____
(day) (month) (year) *please attach a recent photo here*

Nationality _____ Religion _____ Applying for Academic Year 20____ / 20____

Applying for Grade Level: Pre-Kindergarten Kindergarten 1st Grade 2nd Grade
 3rd Grade 4th Grade 5th Grade 6th Grade

Mother tongue (language spoken at home) _____ Other languages spoken _____

Family has been resident in Canton Ticino since _____ / _____ / _____
(day/month/year)

CONTACT INFORMATION

Student's Home Address _____
(Street Address)

(City, State/Province, Zip Code, Country)

Home Telephone _____ Home Fax _____

Mobile Telephone _____ Student E-mail _____

Check if appropriate: Father Deceased Parents Divorced Father Remarried
 Mother Deceased Parents Separated Mother Remarried

Check if parents are divorced/separated: Father is the primary contact
 Mother is the primary contact

Father's First Name _____ Father's Last Name _____

Mobile Telephone _____ Home E-mail _____

Father's profession and company name _____

Office Telephone _____ Office Fax _____

Office E-mail _____

Mother's First Name _____ Mother's Last Name _____

Mobile Telephone _____ Home E-mail _____

Mother's profession and company name _____

Office Telephone _____ Office Fax _____

Office E-mail _____

All general correspondence should be sent to the following address: Mother's address Father's address Other

(Street Address)

(City, State/Province, Zip Code, Country)

All billing correspondence should be sent to the following address: Mother's address Father's address Other

(Street Address)

(City, State/Province, Zip Code, Country)

Emergency Contact _____
(Name) (Relationship)

(Address) (City, State/Province, Zip Code, Country)

Telephone _____ Fax _____ E-mail _____

GENERAL INFORMATION

How did you hear about TASIS?

Educational Consultant * Friends TASIS Alumnus/a Teacher
 School Directory Advertisement Internet/Website Other _____

*If an Educational Consultant is assisting you with the school selection and admissions process, please complete the Educational Consultant Questionnaire. Consultancy's Name and contact person _____

Present School. Grade(s) _____ Name _____ Telephone _____

Address _____ E-mail _____

Does your child have special needs or considerations? Yes No

If yes, please include either an IEP (Individual Education Plan), 504 Plan, or detailed explanation .

Any special social, personal, medical, psychological, dietary, or educational needs must be stated below, with supporting information or documentation attached. (Use separate sheet, if necessary.)

Please indicate if you have previously applied to or attended any other TASIS School or Summer Program.

Brothers or Sisters? (Please indicate Names and Ages) _____

PAYMENT AND ACCEPTANCE TERMS

The sum of CHF 300 is enclosed as a non-refundable application fee. I understand that a deposit of CHF 2,000 is due to reserve a place when the applicant is accepted. I understand that a place cannot be guaranteed until this deposit is received. I also understand that the deposit will be refunded after the end of the school year, or will be credited toward *bona fide* expenses incurred by the student, or will be retained by the School if the applicant fails to enter. **Acceptance and entrance constitute a contract to pay the entire year's tuition, and I understand that there is no reduction or refund for absence, withdrawal or dismissal.** The School reserves the right to dismiss at any time a student who has proven to be an unsatisfactory member of the school community.

TASIS admits qualified students of any race, color, national, and ethnic origin and does not discriminate on the basis of race, color, national, and ethnic origin in its admissions policies and practices.

This agreement is governed by Swiss law as applied by the competent Court in Lugano (Switzerland).

.....
Student's Signature & Date

.....
Parent/Guardian's Signature & Date

Please mail this form to:

TASIS The American School in Switzerland, Admissions Office, 6926 Montagnola-Lugano, Switzerland
Tel: +41 91 960 5151 Fax: +41 91 993 2979 E-mail: admissions@tasis.ch www.tasis.com