



**AMERICAN
ACADEMY**

**APPLICATION
FORM**

2019
2020

HOW TO APPLY

PRINT & SCAN

Print the application and fill in. Scan the application and email it to **application@americanacademy.com**

Please print legibly.

DIGITALLY

This application can be also filled out on your computer. Save the document (usually **File -> Save as**) and send it via email to **application@americanacademy.com**

You can also bring or email the application to:

American Academy
Svatoslavova 333/4
140 00 Praha 4 - Nusle

If you have any problem filling out the application, contact us by email **info@americanacademy.com** or phone **+420 703 141 020**.
We are always happy to help.

APPLICATION FORM

1/5

Student's full legal name: _____

Current grade _____

Male Female

Name student prefers _____

New Returning

Birth date _____

Home phone number _____

Student cell number (optional) _____

I am applying for American Academy in

PRAGUE

BRNO

BRATISLAVA

Guardianship information

Parent(s) Single Married Divorced Separated

If divorced or legally separated, who has legal custody Mother Father Both

If divorced, applicant primarily resides with Mother Father Both

Father Stepfather Guardian

Last name _____

First name _____

Mailing address _____

Home phone number _____

Cell _____

Employer _____

Work number _____

Occupation _____

Email _____

APPLICATION FORM

2/5

Mother Stepmother Guardian

Last name

First name

Mailing address (*If different from above*)

Home phone number

Cell

Employer

Work number

Occupation

Email

Non-parent to contact in case of emergency

Relationship to student

Phone

All information provided in this form is known to be true and correct.

Signature of parent/guardian

Signature of student

Date

Date

APPLICATION FORM

3/5

Why did you choose the American Academy?

Please check all that apply

Academics Culture and values Faculty Other _____

How did you hear about the American Academy?

Has your son/daughter ever been suspended from or expelled from school?

Has your son/daughter had disciplinary issues at a previous school(s)?

Has your son/daughter ever advanced or been held back a grade?

Has your son/daughter received any academic honors?

What outside of school activities does your son/daughter participate in?



TRANSCRIPT EVALUATION REQUEST FORM 4/5

Student information

Student name _____ Date _____

Email address _____

Graduation year _____ Phone number _____

School transcripts to be evaluated

_____ School _____ Received

_____ School _____ Received

_____ School _____ Received

_____ School _____ Received

_____ School _____ Received

Additional Notes

- Transcripts must be translated into English to be evaluated.
- Allow 2 weeks for processing.
- Only credit courses with a grade of "C" or higher will transfer.
- One credit is the approximate equivalent to 60 hours of instruction.
- It is the student's responsibility to review the final transcript evaluation results and any questions should be directed to Student Services within 2 weeks.

Student signature _____ Date _____

For office use only

Evaluated by _____ Date _____

Notes:

**Please pick one of our essay prompts
and write a brief essay (max. 350 words)**

- 1** The lessons we take from obstacles we encounter can be fundamental to later success. Recount a time when you faced a challenge, setback, or failure. How did it affect you, and what did you learn from the experience?
- 2** Some students have a background, identity, interest, or talent that is so meaningful that they believe their application would be incomplete without it. If this sounds like you, then please share your story.