



APPLICATION FORM



PRAGUE



BRNO



ZAGREB

2024-2025



PRINT & SCAN

Print the application and fill in. Scan the application and email it to prague@americanacademy.com
brno@americanacademy.com
zagreb@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 prague@americanacademy.com
brno@americanacademy.com
zagreb@americanacademy.com

Students **needing to obtain a visa** in order to study at American Academy are encouraged to submit their application materials prior to June 1, 2024.

VISA STATEMENT

Type of Visa: _____

Expiration date: _____

CHECKLIST

Completed application form	Essay
2 years of previous school transcript translated into English	Passport scan for student

Croatia only – foreign students (coming from a non-Croatian school) are required to have:

- Certified copy of the last report card
- Certified translation of the last report card (to Croatian)

If you have any problem filling out the application, contact us by email prague@americanacademy.com
brno@americanacademy.com, zagreb@americanacademy.com
or phone **+420 703 141 101 (CZ)** or **+385 99 431 1667 (HR)**

We are always happy to help.

Please send your completed application form to



Male Female
Other

Student's full legal name (*first name/middle name/last name*)

National identification number (*Czechia - „rodné číslo“ / Croatia - „OIB“*)

Postal address

Current grade Current school

+ /
Home phone number

Name student prefers

+ /
Student cell number (optional)

Birth date

Citizenship

I am applying for American Academy in

Prague **Brno** **Zagreb**

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

Mother Stepmother Guardian

Personal identification number (OIB) - only for
parents/guardians of applicants to American Academy in Zagreb

Last name

First name

Postal address

+ /
Home phone number

+ /
Cell

Employer

+ /
Work number

Occupation

Email

Please send your completed application form to



Father

Stepfather

Guardian

Personal identification number (OIB) - only for
parents/guardians of applicants to American Academy in Zagreb

Last name

First name

Postal 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

Please send your completed application form to

**Why did you choose American Academy?**

Please check all that apply

Course Selection

Academics

Price

Other:

Culture and values

Faculty

Location

How did you hear about American Academy?**Has your son/daughter ever been suspended 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?****All information provided in this form is known to be true and correct.**_____
Date_____
Date_____
Signature of parent/guardian_____
Signature of student

Please send your completed application form to

prague@americanacademy.com

| brno@americanacademy.com

| zagreb@americanacademy.com

Student information

Student name _____

Date _____

Email address _____

Graduation year _____

+ /
Phone number _____

School transcripts to be evaluated (past two years, translated into English)

_____	Received
School	
_____	Received
School	
_____	Received
School	
_____	Received
School	
_____	Received
School	

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. Course Selection only 18 credits maximum per years will transfer toward an AA diploma
- 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 name _____

Date _____

****For office use only****

Evaluated by _____

Date _____

Notes:

Please send your completed application form to



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

Only applicable for middle school and high school program applicants.

Middle School _____

- 1** Write about someone important to you.
- 2** Write about your favorite holiday. What are the things you like about this holiday?

High School _____

- 1** Reflect on something that someone has done for you that has made you happy or thankful in a surprising way. How has this gratitude affected or motivated you?
- 2** Reflect on a time when you questioned or challenged a belief or idea. What prompted your thinking? What was the outcome?