



APPLICATION FORM

— *Elementary school* —



PRAGUE



BRNO

2024-2025



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 the application to:

PRAGUE

American Academy
Kloboučnická 1425/13
140 00 Praha 4-Nusle

BRNO

American Academy
Dominikánské nám. 656/2
602 00 Brno-střed

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
Application fee (if required)

Passport scan for student
Passport size photo of student

If you have any problem filling out the application, contact us by email info@americanacademy.com or phone **+420 703 141 101**.

We are always happy to help.

Please send your completed application form to application@americanacademy.com



Male Female

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

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

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

Last name

First name

Postal address

+ /
Home phone number

+ /
Cell

Employer

+ /
Work number

Occupation

Email

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Father

Stepfather

Guardian

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

**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 application@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 15 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:

