



# APPLICATION FORM

— *Elementary school* —



**PRAGUE**

**2026-2027**



## PRINT & SCAN

Print the application and fill in. Scan the application and email it to [application@americanacademy.com](mailto: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](mailto:application@americanacademy.com)

You can also bring the application to:

### PRAGUE

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

Students **needing to obtain a visa** in order to study at American Academy are encouraged to submit their application materials prior to June 1, 2026

## 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](mailto: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](mailto: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

## 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](mailto: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)

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. 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:

