



MIDDLE SCHOOL PREP PROGRAM
APPLICATION FORM



ZAGREB

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

If you have any problem filling out the application, contact us by email info@americanacademy.com or phone **+385 99 431 1667**. We are always happy to help.

APPLICATION FORM

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

National identification number (OIB)			

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 Personal identification number (OIB)

Postal address

+ /

Home phone number

+ /

Cell

Employer

+ /

Work number

Occupation

Email

Father Stepfather Guardian

Last name First name Personal identification number (OIB)

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