



ENROLLMENT PACKET



PRAGUE



BRNO

2024-2025



The American Academy welcomes applicants who are enthusiastic about learning and who want to take advantage of the many opportunities that American Academy has to offer.

Application form

These registration materials must be completed and returned by _____

Checklist

All of the following materials must be submitted to be a complete application :

- Tuition Contract, completed and signed
- Photocopy of all passports, including Czech visas if applicable
- Photocopy of updated health insurance card
- Health Information Forms
- Report card or transcripts officially translated into English

STUDENT PASSPORT INFORMATION

Please attach a photocopy of your passport, visa or residency permit



Student name

Primary passport

Name as stated on passport

Issuing Country

Passport number

Passport expiration date

Secondary passport (if applicable)

Name as stated on passport

Issuing Country

Passport number

Passport expiration date

Czech visa

Czech visa number

I hereby declare that the above stated information is true and the student fulfills all legal requirements to study in the Czech Republic.

Parent or legal guardian signature

Date



Healthcare physician and provider Information

Healthcare provider

Address

Phone number

Private healthcare insurance information

Health insurance provider

Policy number



Student name

Date of birth

Male

Female

Does the student have any past or current medical problems?
If yes, please describe (including dates)

Yes

No

Has the student been hospitalized in the past?
If yes, please describe (including dates)

Yes

No

Tuberculosis vaccine (Date: _____)?

Yes

No

Tetanus vaccine (Date: _____)?

Yes

No

Does the student carry an EpiPen or similar?

Does the student wear eyeglasses or contact lenses?

Yes

No

Is the student currently taking any medication?
If yes, please list the medications below.

Yes

No

**Failure to disclose use of prescription medication could result in termination of the academic contract*



Has your child been tested for or diagnosed with a learning disability?

Yes

No

Please explain

Does your child require any classroom accommodations?

Yes

No

Please explain

Signature of parent or legal guardian

Print first and last name

Parent or legal guardian signature

Date