



# ENROLLMENT PACKET



**PRAGUE**



**BRNO**

**2026-2027**



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



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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?

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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

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Does your child require any classroom accommodations?

Yes

No

Please explain

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**Signature of parent or legal guardian**

\_\_\_\_\_  
Print first and last name

\_\_\_\_\_  
Parent or legal guardian signature

\_\_\_\_\_  
Date