



# Registration Form

ENG-04/2020

## Section 1: STUDENT'S PERSONAL DETAILS

<b>Name in Latin letters</b>	<i>(Please transcribe student's full name in Latin letters as per their official ID documents)</i>		
<b>Name in Cyrillic letters</b>	<i>(Bulgarian citizens only, please transcribe student's full name as per their official ID documents or Birth Certificate)</i>		
<b>Date of birth</b>	<i>(day)</i>	<i>(month)</i>	<i>(year)</i>
<b>Citizenship</b>	<i>(Please list every citizenship that your child has acquired)</i>		
<b>Personal ID No.</b>		<b>Passport No.</b>	
<b>Enrollment at</b>	<input type="checkbox"/> Kindergarten (K3-K4) <input type="checkbox"/> International program <input type="checkbox"/> Dual language program		
<b>Academic year</b>		<b>Grade</b>	
<b>Expected starting date</b>		<b>Exp. leaving date</b>	

## Section 2: PARENT'S DATA

<b>Mother's name</b>	
<b>Citizenship</b>	<i>(Please list every citizenship that you have acquired)</i>
<b>Mobile</b>	
<b>Email</b>	

<b>Father's name</b>	
<b>Citizenship</b>	<i>(Please list every citizenship that you have acquired)</i>
<b>Mobile</b>	
<b>Email</b>	

### Section 3: CONTACT INFORMATION

First person to be contacted by the school administration	
Mobile	
Email	

Second person to be contacted by the school administration	
Mobile	
Email	

Third person to be contacted in cases of emergency (besides the parents)	
Mobile	
Email	

### Section 4: DECLARATION FOR MEDICAL AUTHORIZATION

By signing this declaration I give my consent in case of an emergency my child

\_\_\_\_\_ *(name of the student)*

to receive medical care provided by medical specialists, when under the supervision of the staff of the American English Academy or Abraham Lincoln Private School.

\_\_\_\_\_ **Signature of parent/guardian**

\_\_\_\_\_ **Date**

**Signatory's name:** \_\_\_\_\_

## Section 5: DECLARATION AUTHORIZATION FOR DEPARTURE

By signing this declaration I do hereby declare that I give my consent my child

\_\_\_\_\_

*(name of the student)*

to be picked up from the American English Academy or Abraham Lincoln Private School

by the driver of the school bus

by the following individuals

Name	Relationship to the student

to go home alone without supervision

\_\_\_\_\_

Signature of parent/guardian

\_\_\_\_\_

Date

Signatory's name: \_\_\_\_\_

## Section 6: FILMING/ PHOTOGRAPHY DECLARATION

By signing this declaration I do hereby declare that I agree my child to be photographed or filmed while on the territory of the American English Academy or Abraham Lincoln Private School. I agree the created photographs and video materials to be used for school's yearbook, website, leaflets, brochures, etc.

\_\_\_\_\_

Signature of parent/guardian

\_\_\_\_\_

Date

Signatory's name: \_\_\_\_\_

## Section 7: DECLARATION OF CONSENT

I hereby acknowledge that I have been informed about my obligation to provide additional documents related to my child's admittance to the American English Academy in accordance with the school's enrollment procedure for the respective age group or grade. I declare my consent to submit all documentation required within the given deadline.

I have received a copy of the AEA Admissions Policy.

\_\_\_\_\_  
Signature of parent/guardian

\_\_\_\_\_  
Date

Signatory's name: \_\_\_\_\_

## Section 8: STUDENT'S AREAS OF INTEREST

Please specify student's areas of interest.

Sports

Arts and crafts

Music

Drama

Math

Science

Social studies

Languages

Other

## Section 9: SCHOOL MEALS

Please specify if you would like to register your child for the *AEA Health & Nutrition Program*. Note that registration is required only for students in K6 to Grade 12 and school meals are charged additionally. School meals are provided for all kindergarten students and no registration is needed.

Please be informed that students from K6-Grade 12 travelling with the morning school bus cannot be registered for breakfast meals at AEA.

Breakfast

Breakfast and lunch

Lunch

I will decide later

Food allergies

## Section 10: AGREEMENT FOR EDUCATIONAL SERVICES

Please specify the requested details regarding the Agreement for educational services. Please note that student's registration is valid for a period of one month. Within this period parents are invited to sign an Agreement for educational services between the school and themselves.

**Please be informed that registration is cancelled and the reserved place is announced open if the Agreement for educational services is not signed within the given time frame.**

**What is your preferred language of the text of the Agreement?**

English

Bulgarian

**What is the second contractual party to the Agreement for educational services?**

Natural person (student's parent)

Juridical person (company/embassy)

**Please specify the payment schedule of your choice.**

*(Note that optional payment schedules are available only for new students enrolled until March 31 in Grade 1-12)*

**Payment Plan 1: Standard Payment Plan**

**First installment:** 20 % due within the month of enrollment

**Second installment:** 30 % due by August 31 prior to the start of the respective school year

**Third installment:** 50 % due by January 15 during the respective school year

Please note that parents may choose the *Standard Payment Plan* both in cases of an early or standard enrollment. Re-enrollment tuition rates (*returning students*) are charged for all consecutive school years.

**Payment Plan 2: Early Enrollment Plan A (10 % reduction, only for students in Grades 1-12)**

**First installment:** 40 % due within the month of enrollment

**Second installment:** 30 % due by August 31 prior to the start of the respective school year

**Third installment:** 30 % due by December 31 during the respective school year

Please note that parents may choose the *Early Enrollment Payment Plan A* only in a case of an early enrollment until March 31. This plan and the reduction of 10 % are applicable for student's first school year at AEA. Re-enrollment tuition rates (*returning students*) are charged for all consecutive school years.

**Payment Plan 3: Early Enrollment Plan B (20 % reduction, only for students in Grades 1-12)**

**First installment:** 10 % due within the month of enrollment

**Second installment:** 90 % due by March 31 prior to the start of the respective school year

Please note that parents may choose the *Early Enrollment Payment Plan B* only in a case of an early enrollment until March 31. This plan and the reduction of 20 % are applicable for student's first school year at AEA. Re-enrollment tuition rates (*returning students*) are charged for all consecutive school years.

## Section 11: TRANSPORTATION SERVICE APPLICATION

Please be informed that the AEA school bus service is provided by BG Trans Ltd. The transportation service is delivered in accordance with the AEA Transportation Policy. Please note that the AEA school bus service is an optional extra and the school administration cannot guarantee in advance that all applications will be approved. All transportation service applications will be reviewed and processed by the transportation company and parents will be notified of the outcome 7-10 days before the start date of travel. Parents of approved applicants will be invited to sign an Agreement for transportation service. Please be informed that the school transport is charged additionally.

**Please specify whether you would like to apply for school transport.**

- My child will not be using school transport
- I will decide later whether I will apply for the school transportation service
- I would like to register my child for the school transportation service

**Please check the preferred transportation schedule below.**

- One-way to school (AM)
- One-way from school (PM)
- Round trip bus

**Please specify the start date of travel.**

(dd/mm/yyyy)

**Please specify the address from which your child will be picked up in the morning.**


**Please specify the address to which your child will be transported in the afternoon.**


**Please specify who will meet your child in the afternoon.**

- My child will be met by a parent
- My child should be left at the appointed place and will not be met by a parent or other adult
- Other, please specify \_\_\_\_\_

**Please specify if you have plans to register your child for after-school activities.**

- I will register my child for after-school activities
- I will not register my child for after-school activities
- I will decide later

**Please specify your preferred daily departure schedule. Please note that all timings are tentative.**

MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
<input type="checkbox"/> 2:50 p.m.	<input type="checkbox"/> 2:50 p.m.	<input type="checkbox"/> 2:50 p.m.	<input type="checkbox"/> 2:50 p.m.	<input type="checkbox"/> 2:50 p.m.
<input type="checkbox"/> 4:30 p.m.	<input type="checkbox"/> 4:30 p.m.	<input type="checkbox"/> 4:30 p.m.	<input type="checkbox"/> 4:30 p.m.	<input type="checkbox"/> 4:30 p.m.
<input type="checkbox"/> 5:20 p.m.	<input type="checkbox"/> 5:20 p.m.	<input type="checkbox"/> 5:20 p.m.	<input type="checkbox"/> 5:20 p.m.	<input type="checkbox"/> 5:20 p.m.



# FOR OFFICE USE ONLY

**Registration date:**

(dd/mm/yyyy)

**Validity of registration:**

(dd/mm/yyyy)

**School meals:**

Yes (B/L/BL)

No

TBD

**Transportation:**

Yes (AM/PM/RT)

No

TBD

**Agreement details:**

Language (BG/ENG)

Contractual party (N/J)

Payment plan (S/10/20)

**Comments:**

**Director of Admissions:**

**Date:**

(dd/mm/yyyy)