

LIST OF DOCUMENTS FOR ADMISSION

Dear parent, here you will find the list of documents needed for enrolling your child:

☐ Application Form (see below)
☐ Photocopy of Vaccination Card
☐ Eye check (Grade 1 only)
☐ Photocopy of Parent's passport or ID
☐ Child's birth certificate and Family certificate
☐ Two passport size photos 3"X4"
☐ Report Cards of the last two academic years (for grades 2 and up)
Admission test results (given by the school)
☐ In case of child's custody, a notarized court decision
Residence permit (foreign students only)
☐ Bank receipt of the tuition fee payment
☐ Signed admission contract (at school)
☐ Permission slip for pictures (see below)



APPLICATION FORM

The following application form can be downloaded and printed from the website of Albanian College: http://acdurres.edu.al/. Please email these forms or bring them to the Admissions Office of Albanian College.

Applications should be completed before your child's interview

INTERVIEW

Contact the Admission Office at admissions@acdurres.edu.al to schedule your interview and campus visit, or call at 00 355 67 203 9413 / 035552200171.

TESTING

We require all applicants to complete the Albanian College English Language Proficiency Assessment. This assessment covers reading, aural comprehension, writing, grammar and spoken English levels. The test is administered on site by the Albanian College Director of Admission.

INFORMATION ON THE APPLICANT

First name, last name of the student	
Birthday	
Place of birth	
Mother's name	
Contact phone number	
E-mail address	
Father's name	
Contact phone number	
E-mail address	
Other important contacts, authorized to pick up your child from school	



GRADE YOU ARE APPLYING FOR:

	Albanian College Durres
	Early Years
	Grade 1
	Grade 2
	Grade 3
	Grade 4
	Grade 5
	Grade 6
	Grade 7
	Grade 8
	Grade 9
	Grade 10
	Grade 11
	Grade 12
e yo	ou interested in transportation?
	Yes
	No



FOR THE EARLY YEARS

Did your child attend kindergarten or nursery before?
☐ Yes ☐ No If yes, please print the name of the kindergarten
Use the toilet independently:
☐ Yes ☐ No
Eat independently:
☐ Yes ☐ No ☐ Needs help
_
FOR PRIMARY AND MIDDLE YEARS
Previous school
Country/State
ADDITIONAL INFORMATION
Address:
Phone
Caretakers Applicant lives with: Both parentsMotherFatherOther



Applicant's parents:	Live jointly	Separated	Divorced	
If parents are separated	or divorced, who h	as custody of the A	Applicant?	
Who will be responsible	e for all fees?			
Does the applicant have	siblings?			
□ Yes				
□ No				
Learning and/or emotional learning and/or emotional document exists that can as this information deserves you	concerns is not provi	ided below, Albanian d student life plannin	n College Durres must of gor learning accommod	assume that no previous
Has your child been test	ed within the last the	hree years by an e	ducational psycholog	gist or other
specialist?				
☐ Yes, for what rea	ason, please attach	the test result?		
□ No				
MEDICAL INFORMA	<u>ATION</u>			
1. Does your child	have any problems	with hearing?		
☐ Yes ☐ No				



2.	Does your child have any problems with sight?
0	Yes No
3.	Does your child wear reading glasses or contact lenses?
0	Yes No
4.	Does your child have any known allergies?
Exam _l soya),	oles: Drugs(antibiotics such as penicillin), Foods (nuts, eggs, cheeses, wheat, milk, seafood, etc.
	Yes, please specify the allergy kind
٥	No
5.	Does your child require particular medication?
	Yes, please specify
	No
6.	Does your child require particular medication to take in an emergency? Ex: Epi-pen
٥	Yes, please specify



	No
7.	Does your child require a special diet for medical or religious reasons?
	Yes
	, we are unable to accommodate and monitor your child's food. You must provide a packed and lunch for your child daily.
	No
8 . activiti	Is there any health reason why your child should not take part in all the school sport and es?
	Yes, please specify

PARENT CONSENT

I give my permission to the School Doctor or other qualified personnel to administer routine first aid and non-prescription, over the counter medicines to my child when necessary, for example: Paracetamol, sticking plaster, antacid.

Certain medical conditions may require information to be given to selected members of staff. I consent to essential medical information being given to selected staff.

I agree that the School Doctor or other qualified personnel approve medical treatment for my child as is deemed necessary in an emergency.

I acknowledge that it is MY responsibility as a parent or guardian to supply the school with any necessary prescription medication which my child may require and to keep the school updated with any changes in my child's condition.



Parent's full name					-	
Student's full name					-	
Signature						
Date	//	_				
<u>Per</u>	rmission Slip fo	or Picture	<u>es</u>			
l,	(parent	printed	name),	agree	that	my
child(stu	dent printed nam	e) can be	photograp	hed durin	ng Amer	ican
College activities, whose pictur	es can be used	for adver	tisement a	and publis	shed on	our
website, electronic pages of teach	iers, social media	a (Faceboo	k), leaflets	etc		
Parent Printed Name						
Signature						



BANK ACCOUNT DETAILS:

Bank:	Raiffeisen Bank Sha	OTP ALBANIA
Beneficiary:	ALBANIAN COLLEGE SHPK M11318026P	ALBANIAN COLLEGE
IBAN EUR:	AL69202110060000000021606170	<u>AL5021311020000000000198246</u> <u>8</u>
IBAN ALL:	AL84202110060000000011606170	AL772131102000000000198246 7
SWIFT:	SGSBALTX	PUPPALTR