



American School of Grenoble
Parent/Guardian Statement

Student's Name _____

Parent/Guardian Name(s) _____

What five words best describe your child?

Please briefly describe your child's temperament, interaction with others, interests, and any significant emotional or developmental strengths or challenges.

Please check any of the following that apply that might help us better know your child, or that would affect your child's participation in school. Give a brief explanation.

- | | |
|---|--|
| <input type="checkbox"/> Talent/special gift | <input type="checkbox"/> Skipped grade/ repeated grade |
| <input type="checkbox"/> Learning difference | <input type="checkbox"/> Applicant's illness/physical limitation/allergies |
| <input type="checkbox"/> Education testing/counseling | <input type="checkbox"/> Other languages spoken at home |
| <input type="checkbox"/> Changes in family situation, illness/loss, frequent moves, family composition, cultural background, etc. | |

Why do you think your child would thrive at the American School of Grenoble?

What expectations do you have of this school?





Where might your son/daughter continue his/her education after leaving ASG? What are your hopes and ambitions for your child?

As a parent/guardian, how would you like to be involved in ASG activities?

- | | |
|--|---|
| <input type="checkbox"/> Reading/Homework Groups | <input type="checkbox"/> Public Relations/Recruitment |
| <input type="checkbox"/> End of Year Projects | <input type="checkbox"/> Field Trips |
| <input type="checkbox"/> Fundraising | <input type="checkbox"/> Office Backup |
| <input type="checkbox"/> Potlucks | <input type="checkbox"/> Parent Association/Family Activities |
| <input type="checkbox"/> School Day | <input type="checkbox"/> Graduation |

How did you learn about ASG? Please check all that apply.

- Friend/Neighbor Another School ASG website Other website _____
- ASG family _____
- Publication _____
- Other (Please explain) _____

Who is financially responsible for the child's education? _____

I/we understand that the ASG school policies state that a student is not officially enrolled until tuition payments have been received by the school.

I/we understand that for children with mild special needs a full updated medical report from a therapist must be completed and mailed in promptly- and that I/we take financial responsibility for any additional support necessary to meet these special needs.





I/we understand that ASG may provide some academic tutoring and/or English language support for my child but that I may be asked to take financial responsibility for additional support as needed.

I/we understand that all information regarding a student's application will be treated with confidentiality.

I/we assert that the information provided is true and complete.

Signature of Parent/Guardian

Date of Application

Signature of Parent/Guardian

Date of Application

