



OMB APPROVAL NUMBER 1405-0036 EXPIRATION DATE XX/XX/XXXX \*ESTIMATED BURDEN: 15 MINUTES

## **OVERSEAS SCHOOLS QUESTIONNAIRE**

This questionnaire should be completed in cooperation with the local Foreign Service post by those overseas schools which have received assistance under the Overseas Schools Program in the past and/or desire to request assistance under that Program. The educational programs of schools requesting assistance should meet the policies and criteria for assistance set out in 2 FAM 600. The information for completing this questionnaire should be provided by the chief administrative official of the American-sponsored school at post. It should be reviewed by the governing board of the school and by the responsible officials at the post prior to transmittal by the post to the Department, Subject ASCH: Overseas Schools. In order that information from various posts may be comparable, all data should be as of September 15. Submit original and one copy by December 15. Completion of this form is voluntary.

Post	Date Report Prepared by School (mm-dd-yyyy)				
	INFORMATION				
Name of School Association					
2. Name of School					
3. Local Address of School	3a. Telephone Number				
4. Mailing Address of School to be Used by U.S. Correspondents (Address v	vill be published in the A/OPR/OS directory.)				
Name and Title of School Administrator	5a. Home Telephone Number				
Name and Title of Person Preparing Report	6a. Signature				
7. Name and Title of Governing Board Official Reviewing Report	7a. Signature				
Name and Title of Official at Foreign Service Post Responsible for Coordir Interest in School Activities	nating Post's 8a. Signature				
Indicate grades included in the school.	9a. Does the school offer boarding facilities?  Yes No If Yes, what grade levels?				
Indicate School Organization     a. Elementary includes grades through	b. Intermediate includes grades through				
c. High School includes grades through  (If other names are used such as "Lower School," "Junior High School," not apply, leave blank.)	"Primary," etc., please substitute the proper name. If one or more categories do				
11. Indicate grades in which supervised correspondence work is offered in lie	eu of regular instruction.				
Enclose list of special education services offered by school or within com     ESL, blind, deaf, etc.).	munity (i.e., learning disabilities, remedial reading, speech therapy,				
13. Give opening and closing dates of each school term. (Attach copy of con	nplete school calendar, including holidays.)				
13a. Give total number of days of instruction, excluding holidays.					
14. Is the school accredited by a U.S. regional accrediting agency?  Yes No					
If yes, give name of accrediting organization and date of accreditation. If	No, what steps have been taken toward securing accreditation?				
15. Is the school accredited or approved by local authorities? Describe naturauthority.	e of accreditation, or approval, including name(s) of Ministry or other				
If there have been any amendments, additions, or deletions from the sch documents.	ool's constitution and bylaws, kindly enclose copies of the revised				
17. Kindly enclose a copy of the most recent edition of the school's catalog a	nd curriculum guides for each grade level.				

	II. GOVE	RNING BOARI	O OF THE SCHOOL		
Official Name of the Gov	erning Board				
2. List members of the gove	erning board according to the follo	wing form.		1	1
Name	Position On Board	Nationality	Regular Work Affiliation (See note for code)*	Date Term Began (mm-dd-yyyy)	Date Term Expires (mm-dd-yyyy)
	ess or firm, foundation, governme				
	<i>In title</i> .) After the name, use the fo Business Firm; E-Other. If the Boa				
	use or other pertinent identification				5000
			<b>- - - - - - - - - -</b>		
4 Identify aturdants conciled	Las of Cantanahan 45 according to	III. STUDEN		del ta muaman tatala \	
•	as of September 15 according to	the following catego	ories. (Ensure components ac	ad to proper totals.)	
A. U.S. Citizens <b>A-1</b> Dependents of dir	ect-hire U.S. Government employ	rees except Departr	ment of Defense	Total: Group A	
Provide breakdown:		ire U.S. Government employees, except Department of Defense			
	U.S. Department of State		ce Corps		
	Dept. of Agriculture	Dept	. of Commerce	<u> </u>	
Others (Identify)				<u> </u>	
				Subtotal: A-1	
A-2. Dependents of De	epartment of Defense employees,	including civilian en	nployees		
Provide breakdown:	Military Attaches	MAA	G		
Other: Army Forces _	ces Navy Forces Air Forces		Subtotal: A-2		
A-3. Dependents of pe	rsonnel contracted to U.S. Govern	nment Agencies			
Provide breakdown by	U.S. agency sponsoring contract	and identify by busi	ness firm or institution:		
·					
				<u> </u>	
				<u> </u>	
				Subtotal: A-3	
A-4. Dependents of other U.S. citizens (Do not include dependents of U.S. Government employees.)			Subtotal: A-4		
B. Host Country Nationals					
C. Third Country Nationals				Total: Group B	
	akdown of number of students by	country.		Total: Group C	
D. Total Enrollment		· · · · · · · · · · · · · · · · · · ·			
		Tot	al Enrollment (A+B+C)		

2. Show number	ers of students by o	grade accor	ding to the	six categories	in Part III.					
00.405		CATEGORIES								
GRADE	A-1	A-2	2	A-3	A-4	В		С	TOTAL	
K										
1										
2										
3										
4										
5										
6										
7										
8										
9										
10										
11										
12										
TOTAL	_									
3. Show number	er of students rece	iving schola	arship aid a	according to fo	llowing tabulation	١.				
	но	ST COUNTR	Y NATION	ALS	U.S. NA	U.S. NATIONALS		IIRD COUNTRY NATIONALS		
GRADE	School Spon	sored	U.S.	Government	School S	School Sponsored		chool Sponsored	TOTAL	
	Concor open	00100	S	ponsored	00/100/10	I	ļ	1		
K										
1										
2										
3										
4							1			
5										
6										
7							1			
9							<del> </del>			
10							1			
11	+						+			
12										
TOTAL										
	e the following inform	mation conc	ernina expe	nditures for sch	<u> </u>	in terms of U.S	. dollars.)	I		
1	ures financed from U					\$				
	ures from school but		_			\$				
		_	ng 0.5. 00	verninent grants	•	Ψ <u></u>			_	
c. Total exp	enditures for schola	rsnips				Ψ_			_	
					OL FINANCES					
1. Provide <b>annu</b>	al tuition rate(s) for tone rate. If there are	the current s	chool year,	expressed in t	erms of U.S. dolla	rs. Identify grad	de(s) to w	hich each rate a	pplies, if there	
io moro man e		boaraing to	oo, not oope	aratory. Erroroco	copy of confodule o	. 1000.				
<ol><li>May tuition b</li></ol>	e paid in U.S. dollar	rs?			If yes, approximate	ly what percent	age of th	e school's total to	uition is	
received in U	J.S. dollars?	Perce	nt							
	nool assess a capita enclose descriptive i					pace in the sch	ool?	Yes	☐ No	
I 55, Killary C	2		J. 11010 WIII							