## School Logo

## Enrollment Application 2017-2018

# The American International School in Abu Dhabi

|  |
| --- |
| Student Information as per Passport  |
| **Family Name** |  | **First Name** |  |
| **Date Of Birth** |  | **Place of Birth** |  |
| **Citizenship** |  | **Passport Number** |  |
| **Gender** |  | **Religion** |  |

|  |  |  |
| --- | --- | --- |
| **Parent Information** | **Father** | **Mother** |
| **Name** |  |  |
| **Citizenship** |  |  |
| **Occupation** |  |  |
| **Company’s Name** |  |  |
| **Business Phone** |  |  |
| **Home Phone** |  |  |
| **Mobile Phone** |  |  |
| **Email** |  |  |

|  |  |
| --- | --- |
| **Home Address or Premises ID (as per utility bill)** |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Academic History | School | Country | Years attended |
| **Current/Last School** |  |  |  |
| **Previous Schools** |  |  |  |
|  |  |  |
| **Last Grade Completed**  | \_\_\_\_\_Date:\_\_\_\_\_\_ | **Current Grade****If joining mid-year \_\_\_\_\_\_\_** | **Applying for Grade** | \_\_\_\_\_\_\_\_\_\_\_ HS IB |
| **Has the applicant ever repeated a grade?**  | Yes No | **If Yes, which Year/Grade?** |  |
| **Has the applicant previously applied to AISA?** Yes No If yes, give dates: |
| **Has the applicant previously attended AISA?** Yes No If yes, give dates: |

|  |
| --- |
| Learning Resources & Health Information  |
| **Has your child ever been referred for and/or received psychological, educational or cognitive testing?** **If yes, please provide reports**  | **YES NO** |
| **Has your child been diagnosed with a specific learning disability?****If yes, what was the diagnosis? Please provide reports.**  | **YES NO** |

|  |  |
| --- | --- |
| **Has your child received learning support (pull-outs, push-ins, extra support with a specialist)?****If yes, please provide details and reports.** | **YES NO** |
| **Has your child receive any other support (occupational or speech therapy or counselling)?** **If yes, please provide details and reports.** | **YES NO** |
| **Has your child received ELL support (English Language Support)?** | **YES NO** |
| **Primary Language spoken at home:** |  |
| **Other Language (s) spoken at home:** |  |
| **Does your child have any serious medical condition that we should be aware of?****If yes, please provide reports** | **YES NO** |
| **Does your child suffer from any serious allergies? If yes, provide details when you complete the AISA health form.** | **YES NO** |

|  |
| --- |
| Brothers and Sisters  |
|  | **Name** | **School** | **Grade** | **Attending/ Applying to AISA****(Yes or No)** |
| 1 |  |  |  |  |
| 2 |  |  |  |  |
| 3 |  |  |  |  |
| 4 |  |  |  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Emergency Contact | Relationship | Primary Number | Secondary Number |
| 1 |  |  |  |  |
| 2 |  |  |  |  |

|  |
| --- |
| I certify that the above information is accurate and complete. I have not withheld any information that the school should have concerning my child’s development. I hereby apply for admission of my son/daughter to the American International School in Abu Dhabi and agree that my child will abide by all rules and regulations of the school.I will provide AISA with the required documents and I understand that if these documents are not provided by the first day of school, I will be responsible for any difficulties or delays in obtaining official records from AISA. **I agree** |
| **Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |