## School Logo

## Enrollment Application 2017-2018

# The American International School in Abu Dhabi

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

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| **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)** |  |

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| --- | --- | --- | --- | --- | --- | --- | --- |
| 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: | | | | | | |

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| 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** |

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| --- | --- |
| **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** |

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| 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 |  |  |  |  |

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| --- |
| 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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |