



American International School of Lagos

APPLICATION FORM

Please attach one passport photo of candidate

Please print or type clearly and provide the most complete information possible.

Priority Category: _____

Admission Information

Date:		Contact Dates:		App. Fee stamp:	
Application Date:	Grade:	For School Year:	Estimated Entrance Date:	Last Grade Attended	

Student Information

Last Name:		First Names:		Middle Name:	Preferred Name:	
Birth Date: Month ____ Day ____ Year ____		Gender: M F	Current age: Years ____ Months ____		Citizenship:	Country of Birth:
Home Address:					Home phone #	
Native Language:	Language Spoken at Home:	Other language spoken and is student fluent? yes no			Does student require ESL? Yes No Years attended:	

Information Father/ Guardian

Title: Mr./Dr./Chief	Last Name:	First Name:		If Guardian, relationship to student:	Nationality:
Work Phone # :	Mobile #:		E-Mail:		
Expected Length of Stay in Lagos (Expatriates):					
Employer's Address:					
Position:	Employer/ Company Name:			Does your company have a USA affiliate? Yes No If yes, which company?	
Employers Phone #'s:	Extension #:	Work Fax #:	Work E-Mail:		

Information Mother/ Guardian

Title: Mrs./Miss/Dr.	Last Name:	First Name:		If Guardian, relationship to student:	Nationality:
Work Phone # :	Mobile #:		E-Mail:		
Expected Length of Stay in Lagos (Expatriates):					
Employer's Address:					
Position:	Employer/ Company Name:			Does your company have a USA affiliate? Yes No If yes, which company?	
Employer's Phone #'s:	Extension #:	Work Fax #:	Work E-Mail:		

Sibling Information attending AISL

Siblings First and Last Name:	Birth Date: Month____ Day__ Year_____	Gender: M F
Siblings First and Last Name:	Birth Date: Month____ Day__ Year_____	Gender: M F

Education Background

Current or Last School Attended:	School's Address:	Phone #'s:	
Contact Person and Title:	E-Mail Address:	Web Address:	
Grades Attended:	Dates Attended, From: _____(Month/Day/Year):	To _____ (Month/Day/Year):	Dates Attended (M/D/Y – M/D/Y):

In order to provide the necessary support for each student, it is important that we have a full understanding of the student's needs

Has your child ever had any of the following assessments? Psycho educational Speech and Language Cognitive Other educational
 If yes, please include a copy of the assessment with this application and provide details:

Has your child ever required an Individual Education Plan (IEP)? yes no If yes, please include a copy and provide details:

Has your child ever been in Remedial Assistance? If so, state subject area for which help was given:

Has your child ever been an Enrichment Program? If so, state subject area:

Has your child ever been in an English as a Second Language Program (ESL)? Please Check Level: Basic Intermediate Advanced

Please supply any additional information that will help us meet the educational, emotional or physical needs of your child.

Additional Emergency Contacts – Parents will be called FIRST.

Emergency Contacts Name:	Relationship to Student:	Work Phone #:	Cell Phone #:
Emergency Contacts Name:	Relationship to Student:	Work Phone #:	Cell Phone #:
Student's Physician 1:	Office Address:	Office Phone #:	Cell Phone #:

Student's Physician 2:	Office Address:	Office Phone #:	Cell Phone #:
Student's Dentist:	Office Address:	Office Phone #:	Cell Phone #:
Student's Orthodontist:	Office Address:	Office Phone #:	Cell Phone #:

Tuition and School Fees

Does parent's employer pay tuition fees? Yes (% Paid by employer) No

Send all invoices to: _____

Full Address: _____

Tel: _____ Fax: _____ Email: _____

Application Statement

Please read this statement before signing your application.

Enclosed with this application are the following:

- Pre-Admission Background Form
- Application for Admission
- One passport photograph
- Copies of the last two years school records, including testing, IEPs, etc.
- Original birth certificate or passport to verify age
- Immunization records
- Health Form

AISL reserves the right to refuse admission to any student who was dismissed from another school for academic, disciplinary, or other reasons. Any student/parents failing to reveal such a record at the time of enrollment may be subject to expulsion when the Superintendent learns of the omission. Students expelled from AISL are not entitled to a refund of tuition fees.

I hereby make application for admission of the student to the American International School of Lagos in accordance with the terms, rules and regulations of the school. I understand there will be admissions testing prior to grade placement.

I understand that all acceptances to the American International School of Lagos are based on complete review of the student's records. Testing may be necessary during my child's enrollment at AISL, and I understand that my signature below gives the school permission to conduct appropriate testing, and that I will be informed in advance.

In the consideration of the acceptance by the American International School of Lagos of the student named above, I agree to be responsible for all charges including incidental expense. I understand that enrollment is for a full school year, that all tuition is to be paid according to invoice instructions and timeline, and that no exemption, deduction, or rebate from tuition charges will be made in case of temporary absence, dismissal, or withdrawal after the first day of school unless withdrawal becomes necessary for reasons beyond my control such as transfer or prolonged illness. I recognize that school privileges may also be denied for any other reason deemed sufficient by the authorities of the school, in accordance with its published regulations.

Should the school find it necessary to close at any time during the school year due to reasons beyond its control, I understand that fees paid to the school will not be refunded.

Signature: _____ Date: _____

For Office Use Only

Date Application Rec'd:	Assessment Date:	Age Appropriate Grade Level:	Receipt No.
Admission Notes:			Student Start Date: