
AISL Application Form

Applications will only be processed if they include:

- **Application for Admission**
- **Copy of your child's original birth certificate or passport to verify age**
- **Copy of parent's STR Visa and CERPAC to be considered for Priority Category 3 or 4 to verify expatriate status**
- **Copy of parent's U.S. Passport to be considered for Priority Category 6**
- **Health Form**
- **Immunization records**
- **One passport photograph**
- **Copies of the last two years school records, including testing, IEPs, etc. (for Kindergarten and above)**
- **Confidential School Report**
- **Payment of Application Fee**

If any of the required documents are missing, the application will be considered *incomplete* and *not activated* until the documents have been received.





American International School of Lagos

Behind 1004, Federal Estates, Victoria Island

P.O.Box 2803, Lagos, Nigeria

Tel: (234-1)461-0985, 461-0987 and 774-1888

Fax: (234-1) 461-0986

APPLICATION FORM

Please attach one passport photo of candidate

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

Priority Category: _____

App. Fee stamp:

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Admission Information

Application Date:	Last Grade Attended	Applying for Grade:	For School Year:	Estimated Entrance Date:
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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:		
Employer/ Company Name:			Position:	Expected Length of Stay in Lagos: (Expatriates):	
Employer's Address:					
Employers Phone #'s:		Extension #:	Work Fax #:	Work E-Mail:	

Information Mother/ Guardian

Title: Mr./Dr./Chief	Last Name:	First Name:		If Guardian, relationship to student:	Nationality:
Work Phone # :	Mobile #:		E-Mail:		
Employer/ Company Name:			Position:	Expected Length of Stay in Lagos: (Expatriates):	
Employer's Address:					
Employers Phone #'s:		Extension #:	Work Fax #:	Work E-Mail:	

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 :	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:

- | | |
|--|---|
| <input type="checkbox"/> Application for Admission | <input type="checkbox"/> Original passport or birth certificate to verify age |
| <input type="checkbox"/> Health Form | <input type="checkbox"/> Copies of the last two years school records, including testing, IEPs, etc. |
| <input type="checkbox"/> Immunization records | <input type="checkbox"/> Confidential School Report (completed by exiting teacher(s)) |
| <input type="checkbox"/> One passport photograph | <input type="checkbox"/> Copy of parent(s) STR Visa and Cerpac for Priorities 3 and 4 |
| <input type="checkbox"/> Copy of parent(s) passport for Priority 6 | |

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:

AMERICAN INTERNATIONAL SCHOOL OF LAGOS
Student Health Report

STUDENT NAME: _____ **GRADE:** _____

In order to keep your child's health records current, please complete this form and either return it to the registrar or email to admissions@aislagos.com as soon as possible. The information provided will offer considerable assistance to the school health personnel when dealing with acute/emergency and chronic health problems should they arise during school hours.

1. ALERTS: *please check those that apply*

NONE

Autism	Diabetes	Heart condition
Asthmatic	Dietary restrictions	Migraines
Cerebral Palsy	Epileptic	Sickle cell anemia
Constant nose bleeds	Excessive bleeding	Seizures / convulsions
Cystic Fibrosis	<i>Other: please explain:</i> _____	

2. ALLERGIES: *please check those that apply*

NONE

Dairy products	Grass	Penicillin
Dust	Bees / wasps / insects	Pollen
Eggs	Medications / drugs	Shellfish
Fish	Peanuts	Sulphur related products
<i>Other: please explain:</i> _____		

3. FRACTURES AND INJURIES

NONE

If Yes, please explain _____

4. RECENT HOSPITALIZATION

NONE

If Yes, please explain _____

5. OPERATIONS / PROCEDURES

NONE

If Yes, please explain _____

6. AUDITORY DIFFICULTIES: *please check those that apply*

NONE

Deafness	Ear infections	Hearing aid(s)
<i>Other: please explain</i> _____		

Please return this form to the Registrar or email to:
admissions@aislagos.com

7. DENTAL DIFFICULTIES

NONE

If Yes, please explain _____

8. PHYSICAL DIFFICULTIES

NONE

Limitations to physical activities

If Yes, please explain _____

9. VISUAL DIFFICULTIES: please check those that apply

NONE

Glasses

Contacts

Blindness

Other: please explain _____

10. PRESENT MEDICATIONS: please check those that apply

NONE

ADHD

Asthma

Malaria prophylaxis

Other: please explain _____

11. THERAPY / TREATMENTS: please check those that apply

NONE

Occupational

Physical

Psychological

Other: please explain _____

12. OTHER RELEVANT INFORMATION: please give details where appropriate

IMMUNIZATION RECORD

VACCINES	MM/DD/YY	MM/DD/YY	MM/DD/YY	MM/DD/YY
Diphtheria and tetanus DTap, DPT, DT, TD				
Measles, mumps, Rubella				
Hep A				
Hep B				
HIB				
Varicella				
Yellow Fever				
Meningococcal				
Pneumococcal				
BCG				
Other: Please list				
Other: Please list				

Please return this form to the Registrar or email to:

admissions@aislagos.com