



CONFIDENTIAL SCHOOL REPORT FORM – Pre Kindergarten - Grade 5)

TO BE COMPLETED BY
American International School Of Lagos.
Behind 1004, Federal Housing Estate,
Victoria Island.
Lagos, Nigeria

Return completed form and
requested documentation by _____
Tel: 461-0985/7, 774-1888
Fax: 461-0986
Email: admissions@aislagos.com

STUDENT'S NAME: _____
LAST FIRST MIDDLE

DATE OF BIRTH: _____

This student is applying to AISL, a private, not for profit, co-educational, college preparatory, international school. AISL is committed to educating students from diverse cultures to achieve academic excellence. The program of studies is designed to challenge the average to above average student in grades P K-10. 95 % of our graduates attend university. In order to determine whether the student can be successful at our school, we are interested in knowing as much as possible about the student's academic potential, achievement, character, and social development.

Currently studying at the grade _____ level. Number of years at current school _____

- 1. Please forward a copy of the student's last 2 years report cards.
2. Please attach copies of any recent standardized test scores, if available.
3. Please complete the following questionnaire.

QUESTIONNAIRE

Table with 6 columns: Question, Outstanding, Above Average, Average, Below Average, Poor. Rows include Intellectual Curiosity, Creativity, Ability to maintain focus, Organizational ability, Persistence, Emotional stability, Confidence, Cooperation, Responsibility, Concern for others, Participation in activities, Positive influence and leadership.

2 What are the student's greatest strengths?

3 What are the student's greatest challenges? (over)

INSTRUCTIONS

AMERICAN INTERNATIONAL SCHOOL OF LAGOS, NIGERIA

4 English Language Proficiency Native Language

Spoken: <input type="checkbox"/> Fluent	Written: <input type="checkbox"/> Fluent	Spoken: <input type="checkbox"/> Fluent	Written: <input type="checkbox"/> Fluent
<input type="checkbox"/> Developing	<input type="checkbox"/> Developing	<input type="checkbox"/> Developing	<input type="checkbox"/> Developing
<input type="checkbox"/> Beginner	<input type="checkbox"/> Beginner	<input type="checkbox"/> Beginner	<input type="checkbox"/> Beginner

5 To your knowledge, has this student ever repeated a grade? Yes No

If yes, please provide details.

6 Does the student possess any diagnosed learning disability? Yes No

ADD/ADHD Dyslexia Speech or Language development Sensory or Motor development
 Other

If yes, please provide details

Do test results require parental consent for release of information? Yes No

Please note: AISL does have a special needs program, but we are not equipped at this time to provide special education or the facilities for moderately or severely handicapped Students.

7 Has an educational or behavioral assessment ever been recommended? Yes No

8 Has the student been recommended for or involved in individual or group counseling? Yes No

If yes, please explain?

9 Please list extracurricular activities in which this student is, or has been involved. (Sports, music, drama, committees, etc)

10 Please describe this family's level of involvement in their child's education.

11 How realistic is this family's view of their child as a learner?

Official's Name: _____ Position: _____

Name of School: _____

Address of School: _____

Telephone: _____ Fax: _____

Email: _____ Date: _____

Signature: _____