

**For official use only:**

*Date application received:* \_\_\_\_\_  \$200.00 Application Fee (non-refundable – no guarantee of placement)  
*Age appropriate for grade:* \_\_\_\_\_  Copy of Passport or Birth Certificate  
*Date tested:* \_\_\_\_\_  Copy of all required school records (originals shown)  
\_\_\_\_\_  Educational testing reports and recommendations  
*Date admitted:* \_\_\_\_\_  AISA Health form  
*Class Assignment:* \_\_\_\_\_  Copy of complete immunization records  
*First Day of School:* \_\_\_\_\_  One passport sized photo  
\_\_\_\_\_  Parents Occupational Affiliation Form  
\_\_\_\_\_  Medical / Parental Consent Form

**American International School of Abuja**

**Student Application Form**

Please Print Clearly

**APPLYING TO GRADE** \_\_\_\_\_ **SCHOOL YEAR 20** -- **20** **.COMMENCING IN** **AUGUST** **JANUARY**

Anticipated date of arrival in Abuja \_\_\_\_\_

**STUDENT EDUCATIONAL BACKGROUND INFORMATION**

**Student Name** \_\_\_\_\_  
(Last Name/Surname) (First Name) (Middle Name)

**Date of Birth** \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_  
( please spell out month – example 1 January 2002 )

**Nationality** \_\_\_\_\_ / \_\_\_\_\_  
(passport in which Nigerian visa is/will be stamped) (Other passport? Dual nationality?)

**Student's 1<sup>st</sup> Language** \_\_\_\_\_ **2<sup>nd</sup> Language** \_\_\_\_\_ **Language spoken at home** \_\_\_\_\_

What are the student's best subjects? \_\_\_\_\_

What are the students most difficult subjects? \_\_\_\_\_

Have teachers ever expressed concerns about the student's academic skills and /or emotional needs? Yes No

Has the student ever been tested to assess learning and/or emotional difficulties? Yes No

Has the student ever been referred for special classes of any kind? Yes No

Has the student ever repeated a grade? If so, which grade(s)? \_\_\_\_\_ Yes No

**Please list the last two attended schools, including dates of when each was attended. List the more recent first:**

School Name: \_\_\_\_\_ Dates attended : from \_\_\_\_\_ to \_\_\_\_\_

Full address: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email \_\_\_\_\_

School Name: \_\_\_\_\_ Dates attended : from \_\_\_\_\_ to \_\_\_\_\_

Full address: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email \_\_\_\_\_

***Please read this statement carefully before signing your application:***

The American educational system values partnership between school and parents in the education of children. Regular communications between school and parents are critical to the success of our students. Enrollment at AISA demands a commitment to partner with the school concerning the education of your child. This partnership requires responding to messages sent home with the student and participating in parent-teacher conferences several times through the academic year at the very least. AISA reserves the right to withdraw enrollment of the student from the school if repeated attempts to partner with the parents concerning academic concerns are met with non-response. Updates on your address and telephone numbers should be submitted to the office of the registrar. Any student health issues, medications, or student surgeries must be reported to the school nurse.

The American International School of Abuja is a non-profit, co-educational day school. In order to maintain the international diversity of our student body, applications are considered according to an admissions priority scheme. In order to maintain the academic integrity and standard of our school, academic qualifications weigh heavily into all admissions decisions.

AISA reserves the right to refuse admission to any student who was dismissed from any other 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 withdrawal of enrollment. Application to the American International School of Abuja includes the submission of all pertinent school records and educational or psychological testing results for a student to be considered for admission. A student may be denied admission if he or she has specific learning or behavioral disabilities that cannot be adequately addressed by the school. Failure to submit educational or psychological testing documentation may result in withdrawal of enrollment, should that omission be later discovered.

All incoming students are required to take placement tests in mathematics and English. Students who are coming from the United States or from schools accredited by American agencies will *generally* be placed in grade levels based upon official records from the previous school unless the student has not demonstrated proficiency or competence (a mark of at least a C) in several courses. Students who are not coming from American curriculum schools will be assigned to grade level according to age policy and the required placement testing in mathematics and English. Follow up testing may be required for English Language Learners (ELL) or students demonstrating possible or certain special needs.

School attendance is taken seriously. Students missing 10 or more days in any semester will not receive a grade/credit for that quarter or semester.

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***I hereby make application for admission of the student to the American International School of Abuja in accordance with the terms, rules and regulations of the school. I have read and understood what is written above. I understand that acceptance to the American International School of Abuja is based on a complete review of the student's application and records. I understand that my signature below gives the school permission to conduct appropriate testing, and that I will be informed in advance. Should this student be admitted to the American International School of Abuja, I agree to be responsible for all charges including incidental expenses. I understand that all tuition charges must be paid by certain due dates, and penalties will apply after those due dates. Should the student be admitted to the American International School of Abuja, I agree to partner with the school in the education of my child by attending to the school calendar, by maintaining open lines of communication with the teachers and administration, and by regularly attending parent-teacher meetings through the school year.***

*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.*

Student name: (please print) \_\_\_\_\_

Parent signature: \_\_\_\_\_ Date: \_\_\_\_\_

**\*STUDENT NAME** \_\_\_\_\_

**\*Date of Birth** \_\_\_\_\_ \*  Male  Female  
Day NAME of MONTH Year

*This starred items will be used for the AISA directory. If you do not want any particular part of your information to be published in the school directory, please place a large X in the margin next to the item, and we will not publish that particular contact information in the school directory. Nevertheless, you must provide/update all information for our school records each school year.*

**\*Home Address in Abuja** \_\_\_\_\_

Name of Parent or legal Guardian

**\*Father** \_\_\_\_\_ Nationality \_\_\_\_\_

**\*Mother** \_\_\_\_\_ Nationality \_\_\_\_\_

If other than natural parents, state relationship with the student. \_\_\_\_\_

**Father's Occupation/Employer** \_\_\_\_\_

Work Address \_\_\_\_\_

Work Phone Number \_\_\_\_\_ \*Mobile Phone Number \_\_\_\_\_

\*Email Address \_\_\_\_\_

**Mother's Occupation/Employer** \_\_\_\_\_

Work Address \_\_\_\_\_

Work Phone Number \_\_\_\_\_ \*Mobile Phone Number \_\_\_\_\_

\*Email Address \_\_\_\_\_

**Emergency Contact Information (Other than Parents):**

(Please name friends/family who could collect your child(ren) from school if you cannot be reached)

Name \_\_\_\_\_

Phone Number(s) \_\_\_\_\_

Name \_\_\_\_\_

Phone Number(s) \_\_\_\_\_

**Essential Medical Information:**

- Indicate any Allergies that your child has \_\_\_\_\_
- Is your child Asthmatic? Yes \_\_\_\_\_ No \_\_\_\_\_
- Any other health concerns \_\_\_\_\_

• Emergency Medical Contact: \_\_\_\_\_ Mobile: \_\_\_\_\_

*Please note that your child's picture may appear in the school publication and/or website. Starred( \* ) contact information provided above (address, phone numbers, email addresses) that is not marked in the margins with an X will appear in the school directory. Your signature below indicates acceptance.*

**Parent's Signature** \_\_\_\_\_ **Date** \_\_\_\_\_  
(Day Month Year)

## Occupational Affiliation of Parent

*Thank you for understanding that the following information is required for reports submitted to the U.S. State Department, Office of Overseas Schools. The State Department provides direct funding to AISA, in the form of an annual grant.*

Name of student \_\_\_\_\_

### **Parents are U.S. Citizens** *(please select and complete one category only)*

Parent is Direct-Hire U.S. Government employee \_\_\_\_\_  
(Please indicate Department)

Parent is U.S. Department of Defense employee \_\_\_\_\_  
(Please indicate Section)

Parent is contracted to the U.S. Government \_\_\_\_\_  
(Please indicate specific Department)

Parent is a Fulbright Grantee \_\_\_\_\_

Parent is employee of U.S. or U.S. affiliated firm \_\_\_\_\_  
(Please indicate name of Firm)

Parent is employee of non-U.S. affiliated firm \_\_\_\_\_  
(Please indicate name of Firm)

Parent is employee of U.N. or U.N. Agency \_\_\_\_\_  
(Please indicate name of Agency)

Parent is Self – Employed \_\_\_\_\_

### **Parents of All Other Nationalities** *(please select and complete one category only)*

Parent is employee of Nigerian Government \_\_\_\_\_  
(Please indicate Department)

Parent is employee of Expatriate Government \_\_\_\_\_  
(Please indicate Country Affiliation)

Parent is employee of U.S. or U.S. affiliated firm \_\_\_\_\_  
(Please indicate name of Firm)

Parent is employee of non-U.S. affiliated firm \_\_\_\_\_  
(Please indicate name of Firm)

Parent is employee of U.N. or U.N. Agency \_\_\_\_\_  
(Please indicate name of Agency)

Parent is Self – Employed \_\_\_\_\_

*Thank you for providing this information.*



**AMERICAN INTERNATIONAL SCHOOL OF ABUJA  
MEDICAL CONSENT FORM**

**STUDENT NAME(S)** \_\_\_\_\_

I, the undersigned parent of the child(ren) named above, give my consent to the Administration of AISA to provide treatment of *minor injuries* sustained by my child(ren) while in the care and custody of the school.

\_\_\_\_\_  
Name (Please Print)

\_\_\_\_\_  
Signature and Date

**OR**

I have provided alternate instructions (attached in writing) concerning treatment of *minor injuries* sustained by my child(ren) while in the care and custody of the school.

\_\_\_\_\_  
Name (Please Print)

\_\_\_\_\_  
Signature and Date

.....  
The point of contact in a **medical emergency** is: \_\_\_\_\_

\_\_\_\_\_  
*(Please print name and phone number clearly)*

The alternate point of contact in a **medical emergency** is: \_\_\_\_\_

\_\_\_\_\_  
*(Please print name and phone number clearly)*

If **immediate** medical treatment is needed my child should be taken to: \_\_\_\_\_

\_\_\_\_\_  
*(Please print name, address and phone number clearly)*

I understand that the school will exercise due diligence to ensure the security and well being of my child(ren) and to comply with any written instructions from me concerning the emergency treatment for them. I agree to hold the school blameless and free of liability for any loss, damage or injury sustained by my child(ren) or myself due to circumstances beyond the reasonable control of the school.

\_\_\_\_\_  
Name (Please print)

\_\_\_\_\_  
Signature and Date

Name: \_\_\_\_\_ Date of Birth \_\_\_\_\_

Name of Parent/Guardian \_\_\_\_\_

**Physical Examination**

I certify that \_\_\_\_\_ has been examined and

- he/she is physically fit to participate in all school physical athletics and activities
- he/she is restricted from participation in school physical athletics/activities as follows

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

- To the best of my knowledge, the student named has received the required immunizations listed below.

Name of Doctor: \_\_\_\_\_ Signature: \_\_\_\_\_

Name of Hospital: \_\_\_\_\_ Date: \_\_\_\_\_

**Immunization Record**

All students enrolled at AISA must provide proof that they have had, or are in the process of completing all of the following immunizations before entering school:

Required Vaccines:	Recommended Vaccines: Highly Recommended *
Diphtheria, Tetanus, Pertussis (DTP Series)	Typhoid
Measles, Mumps, Rubella (MMR series)	Hib (Haemophilus Influenza Type b)
Poliomyelitis (OPV/IPV Series)	Rabies
Yellow Fever	Meningococcal *
Tuberculosis PPD Skin Test or BCG Vaccination	Hepatitis A and B
	Varicella (Chickenpox) *

**Please attach a copy of your child’s complete immunization record OR have this record COMPLETED BY A PHYSICIAN, NURSE or HEALTH AUTHORITY.**

REQUIRED IMMUNIZATION	ENTER DATE EACH IMMUNIZATION WAS GIVEN				
Diphtheria, Tetanus, Pertussis (DTP, DTaP)	1	2	3		
Poliomyelitis (OPV or IPV)	1	2	3		
Measles, Mumps, Rubella (MMR 1 & 2)	1	2	Confirmation of Measles, Mumps, Rubella immunity:		
Yellow Fever	1				
Tuberculosis PPD Test or BCG Vaccination	PPD Test Results: _____ mm of duration				
Other:			Other:		
Other:			Other:		