



AMERICAN INTERNATIONAL SCHOOL OF LUSAKA
APPLICATION FOR ADMISSION

Please attach a
Passport sized
Photograph of
the Applicant

STUDENT:

Family Name _____ First Name _____ Middle Name _____
Name to be known as if different from above: _____ Sex: Male _____ Female: _____

Passport nationality: _____ Passport Number: _____

Date of Birth: _____
Day _____ Month _____ Year _____

First Language: _____ Language mostly spoken at home: _____

If English is not the student's first language, please complete the additional information attached.

Other languages known and degree of fluency (spoken and written). How long has the language been studied?

Does the applicant have any siblings? If so, please list names and dates of birth:

1. Name: _____ Date of birth: _____

2. Name: _____ Date of birth: _____

3. Name: _____ Date of birth: _____

Date of proposed entry into the American International School of Lusaka: _____

SCHOOL ATTENDANCE

Please list in order from 1 being most recently attended, through 2-3 earlier schools:

1. Dates attended (month/year) _____ Grade Levels _____

Name of School _____ Country _____

Contact Details: Address _____

Telephone _____ Fax _____ E mail _____ Language of Instruction: _____

2. Dates attended (month/year) _____ Grade Levels _____

Name of School _____ Country _____

Contact Details: Address _____

Telephone _____ Fax _____ E mail _____ Language of Instruction: _____

3. Dates attended (month/year) _____ Grade Levels _____

Name of School _____ Country _____

Contact Details: Address _____

Telephone _____ Fax _____ E mail _____ Language of Instruction: _____

LEARNING PROFILE

Has the student ever been tested (or referred for testing) for a learning, behavioural, emotional, or physical disability? Yes / No

If yes, please give details _____

Has the student been enrolled in, or recommended for any of the following:

Special needs (including gifted programs)	Yes / No	If yes for any of these, please could you give details: _____ _____ _____ _____
Diagnostic testing	Yes / No	
Special tutoring	Yes / No	
Special reading program	Yes / No	
Speech / Language Therapy	Yes / No	
Physical / Occupational Therapy	Yes / No	
Learning disabilities	Yes / No	
Counseling / Therapy	Yes / No	
Limited Vision and / or Hearing program	Yes / No	

Has your child ever been evaluated by a psychiatrist, psychologist, speech/language therapist, educational diagnostician or other specialist?

Yes / No If yes, which specialist? _____

Has your child ever repeated or jumped a grade in school? No / Yes (jumped / repeated) Which grade? _____

Please explain the circumstances _____

Are there any medical conditions or disabilities that the school should be aware of, eg. serious injury, illness, surgery, allergies or other?

At this school, we embrace all cultures, religions and ethnicities. Are there any cultural or religious issues we should be aware of?

Please list any point not previously mentioned which may help the American International School of Lusaka provide the best program for your child :

FOR STUDENTS FROM GRADE 4 UPWARDS (9/10 YEAR OLDS UPWARDS)

Do you give permission for a student at AISL to contact your child before they arrive? If so, please give an e mail address where they can be contacted:

LANGUAGE

Languages Spoken in order of proficiency:

1. (mother language) _____ 2. _____ 3. _____ 4. _____

How long have these languages been studied? _____

NOTE: If the student does not have English as their mother language, please fill out the Language Survey Form.

PARENT INFORMATION

FATHER/GUARDIAN:

Family Name	First Name	Middle Name
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Nationality: _____ Employer: _____

If American, please specify: US State Department Department of Defence USAID USAID Contractor
 Other: _____

Address: _____ Tel No at Work: _____

Father / Guardian's languages spoken in order of proficiency:

1. _____ 2. _____ 3. _____

MOTHER/GUARDIAN:

Family Name	First Name	Middle Name
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Nationality: _____ Employer: _____

If American, please specify: US State Department Department of Defence USAID USAID Contractor
 Other: _____

Address: _____ Tel No at Work: _____

Mother / Guardian's languages spoken in order of proficiency:

1. _____ 2. _____ 3. _____

How would you like to have mail from AISL addressed? Eg. Mr and Mrs Smith, Mr Smith and Ms Jones

Are there any family issues that the school should be aware of? Eg. parents divorced or one parent deceased.

How long have you been living in Zambia? _____ How long do you expect to stay in Zambia? _____

Would you be willing to help out at the school? Eg. Parent Teacher Association, foreign language classes, substitute teaching?

FINANCIAL INFORMATION

Is your company or organization funding or partially funding school fees? Yes / No

If Yes, what percentage of the tuition will be paid by your employer? _____

Please note that parents are responsible for tuition payments, regardless of whether or not they are reimbursed by their employers.

OTHER CONTACT INFORMATION

Home address in Zambia: _____ Home Tel: _____

If not yet living in Zambia, correspondence address outside Zambia: _____

Fax: _____ Phone: _____ E-mail: _____

How did you hear about the American International School of Lusaka?

TERMS OF APPLICATION

1. Acceptance of application for enrollment **must** be accompanied by:
 - a) photocopies of passports for both parents and student;
 - b) school reports for the previous year if student is aged 5 – 10 years (or younger if the student has been at school), and for the previous 2 years for students aged 11 – 18;
 - c) Students between the ages of 6 and 11 (Primary) must submit a recommendation form, which must be completed by their existing teacher. This must either be returned directly to the school, or should be sent with the application form in a sealed envelope;
 - c) Students over the age of 11 (Secondary) must submit Math and English recommendation forms which must be completed by the student's current teachers. These must either be returned directly to the school, or should be sent with the application form in a sealed envelope;
 - d) From Grade 9 (14/15 years), all students must submit an official High School Transcript from their previous school.
 - e) For students where English is not their first language, the "Additional Information for ESOL Students" form must be completed.
 - f) Certificates such as IGCSE or International Baccalaureate MYP Certificate and Record of Achievement must be submitted, if available, for students from 16 years of age.
 - g) Individual education plan (IEP), psycho-educational evaluations, or any documentation of special educational services – if applicable;
 - h) A passport sized photograph of the applicant. These will be used internally on our database for security purposes.

NOTE: FAILURE TO SUBMIT FULLY ANY OF THE ABOVE MAY AFFECT A STUDENT'S APPLICATION TO THE SCHOOL

2. Your child will be placed in the most appropriate grade level only after:
 - a) the processing of this application;
 - b) a school assessment, if deemed necessary;
 - c) a determination that the school can provide for his/her academic, social and emotional needs.
3. ESOL: All students above the age of 13 years old where English is not their first language may take an ESOL screening before acceptance to the school. Students from 13 years old must have an intermediate or advanced level of English. Students entering 11th and 12th grade must pass TOEFL or equivalent for Diploma entry as there is no ESOL assistance.
4. All placements are provisional and may be reassessed after a child has been placed in a grade. If it is determined that the school is not able to provide an appropriate program for your child, parents will be informed as soon as possible. The school will then offer professional assistance to the best of its abilities to help parents locate an institution with an appropriate program.
5. Due to the fact that students come from all around the world, the decision to accept a student at the American International School of Lusaka is provisional and may be reversed if the information found in the application papers proves to be incomplete or inaccurate.
6. When a child is enrolled for part of a school year, tuition is pro-rated by month. When a child is withdrawn before the end of the school year, a refund (pro-rated by term only) may be provided. In order to provide such a refund, the school must receive written notice of withdrawal 3 months prior to the date of withdrawal.
7. Students transferring from other schools in Lusaka must provide an official School Leaving Certificate from their previous school, stating that there are no outstanding obligations to the school. This must be given to the school as soon as a place has been confirmed at the American International School of Lusaka.
8. The American International School of Lusaka is an IB World School, authorized to offer all three International Baccalaureate programs. The school is committed to continually improving and promoting our programs and the teaching and learning that takes place at AISL. As an IB school, we are involved in IB-run workshops for teachers and at times are asked to share student work with teachers at other IB schools throughout the world, as a way of teachers learning from each other. Occasionally the IBO also posts student work on their password protected website in publications for teachers that it also sells through its online store. In applying to the school, you are giving permission to AISL and the IBO for the future possible use of samples of your child's work or images of him / her engaged in class work or other school activities, for promotional, teacher training and information purposes. No names of children are published with work or images to protect the students' identities. If you do not wish to give permission for this, please could you contact us in writing stating that you do not wish to have your child's work and / or image used in these ways by the school and the IB.

CONTRACT OF ENROLLMENT

In making application for my child to attend the American International School of Lusaka, I agree to abide by the terms and conditions specified above which I have read and understood. Furthermore, I agree to positively contribute towards the climate and community of the school. In order to process my child's application efficiently, I give permission for the American International School of Lusaka to contact previously attended schools directly and obtain any necessary educational records.

Signature

Name (please print)

Date