

STUDENT APPLICATION FORM 2023/24

For Office Use Only
App Number:

I. STUDENT PERSONAL INFORMATION

Applicant Name: <i>As it appears in the passport</i>		
Date of Birth: DD/MM/YYYY		
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	Nationality:	Religion:

II. APPLICATION INFORMATION

The applicant is applying to which grade level in the American Program?		
If the applicant is applying to Grade 11, please select the program of choice.	<input type="checkbox"/> American <input type="checkbox"/> AP <input type="checkbox"/> IB	
If the applicant is a Non-Arab passport holder, please select the course of choice.	<input type="checkbox"/> Arabic & Islamic/Ethics for Arabs <input type="checkbox"/> Arabic & Islamic/Ethics for Non-Arabs	
Does the applicant have siblings currently enrolled at AIS?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, provide the name of the sibling:	Grade:	Account Number:

Has the applicant been previously enrolled at AIS?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, in which Campus? <input type="checkbox"/> MBZ City Campus <input type="checkbox"/> AD City Campus	Year:	

Does the applicant require special needs education?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, please provide details:		
Does the applicant require school bus?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, please submit the bus application form.		

III. EDUCATION

Current School Name	Country	Years Attended YYYY-YYYY	Grade Completed	Curriculum

IV. PARENTS' INFORMATION

What is the parents' marital status?	<input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Widowed			
With whom does the child reside?	<input type="checkbox"/> Both parents <input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Legal Guardian			
	Father's Information		Mother's Information	
Name:				
Nationality:				
Employer:				
Work Telephone:				
Mobile Number:				
Email: (all capital letters)				

* All phone numbers provided must be UAE numbers.

V. STUDENT EDUCATIONAL HISTORY				NO	YES
A. Has your child ever repeated a grade level?					
B. Has your child ever been referred to an administrator/counselor for behavioral reasons?					
C. Has your child ever been placed on probation, suspended or expelled from school?					
D. Has your child ever been assessed for a learning difficulty/disability?					
E. Has your child ever been assessed or diagnosed with a learning difficulty/disability?					
F. Does your child take any medication or require any aides to support in his/her learning?					
G. Has your child received any of the following support services?					
	NO	YES		NO	YES
a. Academic remedial sessions			f. Hearing Program		
b. Counseling			g. Vision Program		
c. Occupational Therapy			h. Learning Disability Program		
d. Behavioral Therapy			i. Gifted & Talented Program		
e. Speech Therapy					
If you answered 'yes' to any of the above, please provide details and treatments if any:					

VI. STUDENT HEALTH INFORMATION

A. Does your child have any of the following health problems? If yes, please provide details and treatments if any, and a medical report.

Health Information	NO	YES	If yes, please provide details and treatments if any, and attach a medical report.
Allergies to food			
Allergies to medication			
Chronic respiratory disease (e.g., asthma)			
Diabetes			
Hypertension			
Autoimmune disease			
Cardiac disease / Heart conditions			
Kidney/Urinary disorder			
Liver disorder			
Haematological (blood) disorder			
Physical disabilities			
Vision impairment			
Hearing impairment			
Brain and nerve conditions (e.g., seizures and headaches)			
Emotional disorder (e.g., anxiety attacks)			
Joint, spine and extremity disorders			
Previous infections (e.g., tuberculosis, measles, mumps, hepatitis)			

B. Is your child on any regular medication? If yes, please provide details below. Yes No

Medication	Dosage	Time of Administration

I hereby attest that I have personally completed this application and that the information provided is true and accurate. I also understand that failure to provide complete and accurate information about my child may result in the withdrawal of my child's application or cancellation of enrollment at AIS.

Parent/Guardian Signature: _____

Date: _____