



The American International School in Israel
 Hachartzit Street, Kfar Shmaryahu , Israel
 Tel: 09 958-2791 Fax: 09 956-0565
 e-mail: hglick@wbais.org
 website: www.wbais.org

NEW FAMILY REGISTRATION School Year 200__ - 200__ (One form per family)	For Office Use Only <input type="checkbox"/> Deposit: \$ _____ <input type="checkbox"/> Receipt No: _____ Date _____ <input type="checkbox"/> Pre-Kindergarten _____
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FAMILY DETAILS

Last Name of Father: _____	Nationality 1: _____	Country of Birth:	English Speaker: Yes <input type="checkbox"/> No <input type="checkbox"/>
First Name of Father: _____	Nationality 2: _____		
	Passport No.: _____		
Last Name of Mother: _____	Nationality 1: _____	Country of Birth:	English Speaker: Yes <input type="checkbox"/> No <input type="checkbox"/>
First Name of Mother _____	Nationality 2: _____		
	Passport No.: _____		

Marital Status of Parents: Married Separated Divorced Widowed Single

Student Living With: Parents Father Step-Father Mother Step-Mother
 Guardian Name of Guardian _____
 (See Special Conditions relating to Guardianship)

CHILDREN ENTERING AIS:

	Student's Family Name (As in Passport)	Student's First Name (As in Passport)	M	F	Entering Grade	Van Yes	Van No	Anticipated Entry Date
1								
2								
3								
4								
5								
6								

ADDRESSES:

	HOME	MAILING Home <input type="checkbox"/> Same as Home
Street Address		
Apartment No.		
Suburb		
Town		
Zip		
Telephone No.		
Cell Phone No.		
e-mail Address		

PARENT EMPLOYMENT INFORMATION:

	Mother	Father
Occupation		
Position		
Name of Company		
Address		
Business Telephone		
Business Cell Phone		
Business Fax		
Business e-mail		

ALTERNATE CONTACT (other than parent)		
Name:		
Home Phone:	Business Phone:	Cell Phone:
BILLING INFORMATION		
Name:		
Address:		
Telephone:		
Cell Telephone:		
Fax:		
e-mail:		
Payment made via:	<input type="checkbox"/> Personal <input type="checkbox"/> Embassy <input type="checkbox"/> Company/Institution <input type="checkbox"/> Other	
<i>If US Government employee, indicate department (choose one)</i>	<input type="checkbox"/> Dept. of State <input type="checkbox"/> USAID <input type="checkbox"/> Military <input type="checkbox"/> DCMO <input type="checkbox"/> Other _____	
<i>If United Nations employee, indicate department</i>		
OVERSEAS CONTACT/HOME ADDRESS		
Name:		
Street Address:		
Apartment:		
Town:		
Zip:		
Country:		
Telephone:		
Cell Phone:		
Fax:		
e-mail:		

PARENT AUTHORIZATION FOR EMERGENCY SCHOOL DISMISSAL	
As the parent or guardian of above-listed child/children, we request that in the case of an emergency closure of the school during school hours, the following procedure will be used (check one box only):	
<input type="checkbox"/> Our child/children should remain at school until we are able to collect them.	
<input type="checkbox"/> Our child/children live in the immediate vicinity of the school and are old enough to walk home on their own.	
<input type="checkbox"/> We authorize the school to send our child/children home by school bus or cab transportation. We understand that the school will notify us regarding the departure and route of such bus or cab service.	
Parent's Signature: _____	Date: _____

THIS APPLICATION FORM WILL NOT BE PROCESSED UNLESS ALL INFORMATION HAS BEEN FILLED IN COMPLETELY