



**STUDENT  
APPLICATION  
FORM**

**FOR ACADEMIC YEAR 200\_\_-200\_\_**

**For Office Use Only:**

- Medical Form
- Copy of Passport or "Teudat Zehut"
- Substance Abuse Statement (Grades 6-12)
- Records from previous school or records release form
- Billing Complete \_\_\_\_\_
- Application # \_\_\_\_\_

|                       |            |             |     |               |
|-----------------------|------------|-------------|-----|---------------|
| STUDENT'S FAMILY NAME | FIRST NAME | MIDDLE NAME | SEX | CURRENT GRADE |
|-----------------------|------------|-------------|-----|---------------|

|   |                  |
|---|------------------|
| BIRTHDATE:<br>MONTH:                      DAY:                      YEAR: | ENROLLMENT DATE: |
|---|------------------|

NATIONALITY:    Primary \_\_\_\_\_  
 (If dual, state both)    Secondary \_\_\_\_\_  
    Other \_\_\_\_\_

|                   |                                       |
|-------------------|---------------------------------------|
| COUNTRY OF BIRTH: | DATE ENTERED ISRAEL OR DATE OF ALIYA: |
|-------------------|---------------------------------------|

|                  |              |
|------------------|--------------|
| PASSPORT NUMBER: | I.D. NUMBER: |
|------------------|--------------|

(Copy of passport pages showing name, photograph, and date of entry to Israel OR copy of Teudat Zehut)

**STUDENT'S VISA STATUS IN ISRAEL**

|                                   |   |
|-----------------------------------|---|
| <input type="checkbox"/> Tourist  | <input type="checkbox"/> New Immigrant      |
| <input type="checkbox"/> Diplomat | <input type="checkbox"/> Temporary Resident |
| <input type="checkbox"/> Citizen  | <input type="checkbox"/> Permanent Resident |

|   |                          |                          |    |                           |                          |                          |   |                          |                          |                                    |                          |                          |   |  |     |    |                              |                          |                          |  |                          |                          |  |                          |                          |
|---|--------------------------|--------------------------|----|---------------------------|--------------------------|--------------------------|---|--------------------------|--------------------------|------------------------------------|--------------------------|--------------------------|---|--|-----|----|------------------------------|--------------------------|--------------------------|--|--------------------------|--------------------------|--|--------------------------|--------------------------|
| <b>HAS THE STUDENT EVER RECEIVED:</b><br><br><table style="width: 100%;"> <tr> <td></td> <td align="center">Yes</td> <td align="center">No</td> </tr> <tr> <td>a. An Accelerated program</td> <td align="center"><input type="checkbox"/></td> <td align="center"><input type="checkbox"/></td> </tr> <tr> <td>b. Special Education – resource program</td> <td align="center"><input type="checkbox"/></td> <td align="center"><input type="checkbox"/></td> </tr> <tr> <td>c. English Second Language program</td> <td align="center"><input type="checkbox"/></td> <td align="center"><input type="checkbox"/></td> </tr> </table> |                          | Yes                      | No | a. An Accelerated program | <input type="checkbox"/> | <input type="checkbox"/> | b. Special Education – resource program | <input type="checkbox"/> | <input type="checkbox"/> | c. English Second Language program | <input type="checkbox"/> | <input type="checkbox"/> | <b>HAS THE STUDENT EVER RECEIVED:</b><br><br><table style="width: 100%;"> <tr> <td></td> <td align="center">Yes</td> <td align="center">No</td> </tr> <tr> <td>a. Psychoeducational testing</td> <td align="center"><input type="checkbox"/></td> <td align="center"><input type="checkbox"/></td> </tr> <tr> <td>b. Psychological/counseling assistance</td> <td align="center"><input type="checkbox"/></td> <td align="center"><input type="checkbox"/></td> </tr> <tr> <td>c. Medication for attention deficit disorder</td> <td align="center"><input type="checkbox"/></td> <td align="center"><input type="checkbox"/></td> </tr> </table> |  | Yes | No | a. Psychoeducational testing | <input type="checkbox"/> | <input type="checkbox"/> | b. Psychological/counseling assistance | <input type="checkbox"/> | <input type="checkbox"/> | c. Medication for attention deficit disorder | <input type="checkbox"/> | <input type="checkbox"/> |
|   | Yes                      | No                       |    |                           |                          |                          |   |                          |                          |                                    |                          |                          |   |  |     |    |                              |                          |                          |  |                          |                          |  |                          |                          |
| a. An Accelerated program   | <input type="checkbox"/> | <input type="checkbox"/> |    |                           |                          |                          |   |                          |                          |                                    |                          |                          |   |  |     |    |                              |                          |                          |  |                          |                          |  |                          |                          |
| b. Special Education – resource program   | <input type="checkbox"/> | <input type="checkbox"/> |    |                           |                          |                          |   |                          |                          |                                    |                          |                          |   |  |     |    |                              |                          |                          |  |                          |                          |  |                          |                          |
| c. English Second Language program  | <input type="checkbox"/> | <input type="checkbox"/> |    |                           |                          |                          |   |                          |                          |                                    |                          |                          |   |  |     |    |                              |                          |                          |  |                          |                          |  |                          |                          |
|   | Yes                      | No                       |    |                           |                          |                          |   |                          |                          |                                    |                          |                          |   |  |     |    |                              |                          |                          |  |                          |                          |  |                          |                          |
| a. Psychoeducational testing  | <input type="checkbox"/> | <input type="checkbox"/> |    |                           |                          |                          |   |                          |                          |                                    |                          |                          |   |  |     |    |                              |                          |                          |  |                          |                          |  |                          |                          |
| b. Psychological/counseling assistance  | <input type="checkbox"/> | <input type="checkbox"/> |    |                           |                          |                          |   |                          |                          |                                    |                          |                          |   |  |     |    |                              |                          |                          |  |                          |                          |  |                          |                          |
| c. Medication for attention deficit disorder  | <input type="checkbox"/> | <input type="checkbox"/> |    |                           |                          |                          |   |                          |                          |                                    |                          |                          |   |  |     |    |                              |                          |                          |  |                          |                          |  |                          |                          |
| IF YES, PLEASE ATTACH DETAILS   |                          |                          |    |                           |                          |                          |   |                          |                          |                                    |                          |                          |   |  |     |    |                              |                          |                          |  |                          |                          |  |                          |                          |

STUDENT'S GENERAL HEALTH:                      ANY PHYSICAL HANDICAPS:

DOES THE STUDENT HAVE ANY EXPERIENCE WITH ILLEGAL DRUG USE OR SCHOOL DISCIPLINARY ACTION RELATED TO DRUG OR ALCOHOL USE?

LANGUAGES SPOKEN BY STUDENT:  
 At Home:                      Other Languages:

WILL YOU BE APPLYING FOR AN AIS SCHOLARSHIP?     YES                       NO

| SCHOOLS ATTENDED, BEGINNING WITH MOST RECENT: |    |                                    |  |
|---|----|------------------------------------|--|
| Grades From                                   | To | Name and Mailing Address of School | Telephone Number<br><br>Fax. No:<br>_____<br>E-Mail<br>_____ |
| Grades From                                   | To | Name and Mailing Address of School | Telephone Number<br><br>Fax. No:<br>_____<br>E-Mail<br>_____ |
| Grades From                                   | To | Name and Mailing Address of School | Telephone Number<br><br>Fax. No:<br>_____<br>E-Mail<br>_____ |

**(Please complete reverse side)**

**STUDENT INTERVIEW**

Final acceptance of a student at AIS is contingent upon a personal interview for purposes of screening and placement. At this time, a deposit of 1,800 NIS must be paid.

**TUITION AND OTHER CHARGES**

Full details are given on the "Fee Schedule," NOTE THAT THE FULL YEAR'S FEES ARE PAYABLE IN ADVANCE, BY AUGUST 31<sup>ST</sup>.

**MEDICAL**

Before the start of school (no later than at the end the first month), the following documents are required to be on file in the Health Office: Health Information Form, Immunization Record & Physician's Examination (new students only).

**PARENT/GUARDIAN RESPONSIBILITY**

Students are enrolled only if they are residing with a parent or guardian. A Guardianship Agreement form must be completed if the student is living with a guardian.

**CUSTODY**

Unless the school receives documentation to the contrary, it is assumed that both parents listed on the application form have joint custody and access to records of the student.

**PARENTS' TRAVEL**

The school must be notified in advance in writing when parents intend to travel abroad for any period of time during the school year, leaving the child behind. Such notice must designate the adult responsible for their child's well-being.

Note: Certain information on this application is required by the Israel Ministry of Education.

**PARENT'S STATEMENT**

The information given above is accurate to the best of my knowledge. I understand and accept the conditions listed above, and agree to be bound by them.

Parent's Name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

**FOR SCHOOL USE ONLY:**

INTERVIEWED BY \_\_\_\_\_ Date \_\_\_\_\_

GRADE \_\_\_\_\_ ENROLLMENT DATE \_\_\_\_\_