



AMERICAN PACIFIC INTERNATIONAL SCHOOL

STUDENT INFORMATION

Family Name First Name.....

Date of Birth Dd.....mm.....yyyy..... Boy Girl

Home Address

Nationality Mother Tongue.....

Passport no. Language spoken at home.....

Expected start date..... Expected length of stay APIS

PARENT / GUARDIAN INFORMATION

With whom does the student live?

FATHER'S NAME

Nationality..... Mother Tongue.....

Home address.....

Telephone Mobile.....

E-mail.....

Job / title.....

Company.....

Address.....

Telephone..... Ext..... Fax.....

MOTHER'S NAME

Nationality..... Mother Tongue.....

Home address.....

Telephone Mobile.....

E-mail.....

Job / title.....

Company.....

Address.....

Telephone..... Ext..... Fax.....

BROTHER AND SISTER INFORMATION

1. Name..... Age..... B/G
School.....
2. Name..... Age..... B/G
School.....
3. Name..... Age..... B/G
School.....

FURTHER INFORMATION

How did you first hear about APIS?.....
.....
.....

Please give names of relatives, friends or colleagues whose children have attended APIS

.....
.....

What are your favorite subjects at school?

Why do you enjoy them?

What subject do you NOT enjoy?

Why?

What subject do you get your highest marks in?

What do you get your lowest marks in?

I hereby make formal application for my son/daughter to join American Pacific International School

In making this application, we confirm that

- the information provided by this form is complete, true and accurate to the best of our knowledge.
- the school may request transcripts and/or other information to verify the facts.
- we accept the school's procedures and will comply with all rules and regulations as outlined in the student handbook.

I enclose the Application Fee

SIGNATURE OF PARENT.....

STUDENT SIGNATURE.....

DATE

FURTHER INFORMATION

STUDENT NAME

Name and address of schools attended during last 4 years

- 2007-2008
- 2006-2007
- 2005-2006
- 2004-2005

LANGUAGE REQUIREMENTS

Has your child previously attended a school where English is the language through which all subjects are taught?

Is **English as a Second Language** support needed?

If the student's mother tongue is not English, how many years he/she has been studying English?

Other Languages: Has your child studied a language other than English and/or mother tongue?

Please state which and for how many years.

MEDICAL AND SPECIAL NEEDS

Does the student have any physical disability, illness or allergy?
If yes, please give more details

Does the student have a special learning or emotional need?
If yes, please give more details

Has the student had a formal assessment from an Educational Psychologist?
If yes, please give more details and supply the report you received

Does the student take a regular course of medication?
If yes, please give more details

TRANSPORT

Does the student require door-to-door transport?

Does the student require transport from APIS Kindergarten?

LUNCH

Please state any dietary requirements (vegetarian/halal/kosher etc.).....

FINANCIAL DETAILS

Please confirm who will be responsible for paying the school fees.

Parent Employer Parent and Employer

If you are sharing the payment with your employer, please outline what proportion your employer will be contributing

If the employer is responsible for paying the part or all of the fees, please complete the following section for invoicing purposes.

Name of Employer.....

Contact Name

Invoicing Address.....

Telephone Fax.....

Email.....

SIGNATURE OF PARENT DATE.....