



# STUDENT APPLICATION FORM

School Year 2012-2013

**For Office Use Only:**

- Copy of passport or "Teudat Zehut"
- Health Information Form
- Physicians Form
- Immunization Record
- Academic records for two years
- Records release form
- Teacher recommendation forms
- Substance Abuse Statement (Grades 6-12)

<b>Student's Family Name</b>	<b>First Name</b>	<b>Middle Name</b>	<input type="checkbox"/> M <input type="checkbox"/> F	<b>Current Grade</b>
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<b>Birthdate:</b> (MM/DD/YYYY)	<b>Student Cell Phone</b>	<b>Requested Enrollment Date:</b>
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<b>Nationality:</b> (If dual, state both)	<b>Primary</b> _____ <b>Secondary</b> _____ <b>Other</b> _____	<b>Diplomatic Status</b> <input type="checkbox"/> Yes / No <input type="checkbox"/> <b>Diplomatic Status</b> <input type="checkbox"/> Yes / No <input type="checkbox"/> <b>Diplomatic Status</b> <input type="checkbox"/> Yes / No <input type="checkbox"/>
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**Country of Birth:** \_\_\_\_\_

<b>Passport Number:</b> _____ / (Country) _____ /	<b>Israeli I.D. Number:</b> _____
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*(Copy of passport pages showing name, photograph, and date of entry to Israel OR copy of Teudat Zehut)*

<b>Has the student ever received:</b> <table style="width: 100%;"> <tr> <td></td> <td style="text-align: center;">Yes</td> <td style="text-align: center;">No</td> </tr> <tr> <td>a. A Gifted and Talented program</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>b. Special Education – resource program</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>c. English Second Language program</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </table>		Yes	No	a. A Gifted and Talented 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> <table style="width: 100%;"> <tr> <td></td> <td style="text-align: center;">Yes</td> <td style="text-align: center;">No</td> </tr> <tr> <td>a. Psycho-educational testing</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>b. Psychological/counseling assistance</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>c. On-going medication</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </table>		Yes	No	a. Psycho-educational testing	<input type="checkbox"/>	<input type="checkbox"/>	b. Psychological/counseling assistance	<input type="checkbox"/>	<input type="checkbox"/>	c. On-going medication	<input type="checkbox"/>	<input type="checkbox"/>
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**IF YES, PLEASE ATTACH DETAILS**

**Does the student have any physical, psychological or mental disabilities?**  
 Yes  No. If yes, please describe: \_\_\_\_\_

**Has the student had any experience with illegal drug use or school disciplinary action related to drug or alcohol use?**  
 Yes  No. If yes, please describe: \_\_\_\_\_

**Languages Spoken by Student:**

At Home: \_\_\_\_\_ Other Languages: \_\_\_\_\_

**SCHOOLS ATTENDED, BEGINNING WITH MOST RECENT:**

Grades From	To	Name and Mailing Address of School	Telephone Number	Fax. no: _____ E-mail _____
Grades From	To	Name and Mailing Address of School	Telephone Number	Fax. no: _____ E-mail _____
Grades From	To	Name and Mailing Address of School	Telephone Number	Fax. no: _____ E-mail _____

(Please complete second page of this application form)

STUDENT INTERVIEW	Final acceptance of a student at AIS is contingent upon a personal interview for purposes of screening and placement. A deposit of 10,000 NIS must be paid before testing is done with the counselors. If a student is not accepted to the school, the full deposit of 10,000 NIS will be refunded. If student withdraws prior to enrollment, 6,500 NIS of this deposit will be refunded.
TUITION & OTHER CHARGES	Full details are given on the "Fee Schedule." Note that the full annual tuition fees are due by August 31 or, if enrolling after August 15, 30 days from date of enrollment. There is no refund for annual tuition, building levy, registration fee, or bus fee at any time. Student records will not be released until all financial and/or material obligations have been met. (See School Policy 2.145 enclosed).
FINANCIAL ASSISTANCE	AIS maintains a financial assistance program for a limited number of students of proven financial need who contribute positively to life at AIS. Application forms are available in the superintendent's office and will be submitted to the Financial Assistance Committee.
TEXTBOOKS	Textbooks and school materials are loaned to each student. At the end of the year, or earlier for transferring students, the textbooks and school materials must be returned in the condition in which they were issued, allowance being made for fair wear and tear. A charge will be made for materials lost or damaged.
LAPTOP PROGRAM GRADES 6-12	High school students <u>are required</u> to have a family purchased laptop for instruction. Middle school students will be issued a school owned laptop for instruction.
TRANSPORTATION	The school contracts with a local bus company to offer bus services on several routes from general pick-up points at a reasonable distance from the student's home. The school is under no obligation to provide transportation. Transportation fees are payable in advance on an annual basis and are not refundable.
MEDICAL COVERAGE FOR STUDENTS	<b>Before the student is allowed to commence classes</b> , the following documents must be submitted: the Student Health Information Form; the Physical Examination Form & the Immunization Form (or a copy of the student's immunization record, translated into English, if applicable).
INSURANCE COVERAGE FOR STUDENTS	AIS carries insurance for accidental injury that may occur to students during school sponsored activities in Israel.
SUBSTANCE ABUSE POLICY AND NO SMOKING POLICY	Parents and students in grades 6-12 must sign the form indicating that they have read, understood, and agree to abide by the school's substance abuse policy and the no-smoking policy, copies of which are available in the school offices. This form is kept until withdrawal.
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.
PARENT'S 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 and the child is to remain in Israel. Such notice must designate the adult responsible for their child's well being.
IDENTITY CARDS	All parents and visitors to AIS must display a visible ID badge indicating they have cleared security. For parents, our most frequent visitors, the easiest method for entry is to have and display your photo ID. ID cards can be obtained from the registrar.
PERMISSION TO USE PHOTOGRAPHS AND VIDEOS OF AIS STUDENTS	<p>WBAIS utilizes photographs and videos of our students participating in school programs for inclusion in our official publications and for external viewing on the school website or video channel, in promotional materials and by the news media. The use of photographs and videos is strictly monitored by faculty and administration and no identifying information such as name or address is ever included. As such, WBAIS requests your permission to use photographs and/or videos of your child and the work they produce, such as creative writing and artwork.</p> <p>I give permission for photographs and videos of my student(s) for use as described above. Please check the appropriate response.      <input type="checkbox"/> <b>Yes</b>                      <input type="checkbox"/> <b>No</b></p>

## 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 and the public policies and regulations as stated by the school.

Parent's Name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_  
MM/DD/YYYY

**Please be aware that if you choose to e-mail this form, you will need to sign a hard copy in the relevant AIS school office.**

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

**FOR SCHOOL USE ONLY:** Interviewed by \_\_\_\_\_ Date \_\_\_\_\_  
MM/DD/YYYY

Grade \_\_\_\_\_ Enrollment Date \_\_\_\_\_