

## For office use

Date submitted \_\_\_\_\_ Student Year Level \_\_\_\_\_ Date of Approval \_\_\_\_\_

Signature \_\_\_\_\_ Student ID \_\_\_\_\_ Family ID \_\_\_\_\_

# Australian International School Application for Admission



## Student Information

### Personal information of CHILD

LAST Name \_\_\_\_\_ FIRST Name \_\_\_\_\_

MIDDLE Name \_\_\_\_\_ PREFERRED Name \_\_\_\_\_

Date of Birth \_\_\_\_\_ Country of Birth \_\_\_\_\_

Nationality \_\_\_\_\_ Second Nationality \_\_\_\_\_ Gender M  F

Passport Number \_\_\_\_\_ Date of Issue \_\_\_\_\_ Place of Issue \_\_\_\_\_

Date of Expiry \_\_\_\_\_ Religion \_\_\_\_\_

**Ethnic Group** Caucasian  Korean  Japanese  Indian  Chinese  Malay  Other

### Type of Pass (Please tick applicable)

Dependent Pass (DP) no.  Student Pass (SP) no.

Permanent Resident (PR) no.  Singapore Citizen (NRIC) no.

Currently have no pass but will be applying for **DP** **PR** **SP** (Please circle)

Current year level \_\_\_\_\_ Year level applying for \_\_\_\_\_

If applying for Year 11, are you applying for HSC  Diploma Programme (IBDP)  Unsure

Requested date of Entry Term1 start 20 \_\_\_\_\_ Term2 start 20 \_\_\_\_\_ Term3 start 20 \_\_\_\_\_ Term4 Start 20 \_\_\_\_\_ Immediate \_\_\_\_\_

Mid term start \_\_\_\_\_ (Please indicate date)

### Academic Information

Please list all schools attended (start with the most recent)

School Name	Location (Country/City)	Dates Attended (from/to)	Year levels	Language of instruction	Curriculum (eg British, IBPYP, Aust National Curriculum)

Has your child ever skipped a year/been accelerated? N  Y

Has your child ever repeated a year? N  Y

Has your child ever been suspended or withdrawn from school for disciplinary reasons?

## Academic Information (continued)

1 a. Has your child ever accessed an **individual needs-based program** within a school setting?

Gifted and Talented/Extension  Learning Support  Counselling

b. If so, please elaborate on the **reason, type and value** of indicated program

c. Has your child ever had a **formal assessment** related to any of the above areas of Individual Needs? If so, please state **type and place** of assessment:

**NB: Specialist reports must be attached to the application.**

2. Has your child ever received support from specialist providers: \_\_\_\_\_

Occupational therapist  Psychologist  Speech therapist  Counsellor  Learning support specialist tutor  Other

If ticked 'Yes' please elaborate:

## Language profile

Please complete for all languages learned or spoken

	Language	Frequency (most of the time, some of the time, rarely)	Speaking competency (easily, reasonably, with difficulty)	Reading competency (easily, reasonably, with difficulty)	Writing Competency (easily, reasonably, with difficulty)
Language(s) used by the student					
Language(s) spoken by the Mother					
Language(s) spoken by the Father					
Language(s) spoken with friends					
Language(s) spoken at home with parents?					
Details of any in-country experience in the languages selected to be studied at AIS					

Easily (Students use beyond the classroom with people who are background speakers)

Reasonably (Students use with some hesitation and errors exist with a general understanding of what is conveyed)

With difficulty (Students communicate limited information with frequent hesitation and errors)

## Formal Language Education Background

Year	School	Country	Language of instruction of the school	Additional languages studied at the school
11				
10				
9				
8				
7				
6				
5				
4				
3				
2				
1				
Prep				
Preschool				

# Family Information

## Parent Details

Father's Name \_\_\_\_\_

Mother's Name \_\_\_\_\_

Nationality & Country of Birth \_\_\_\_\_

Nationality & Country of Birth \_\_\_\_\_

Passport number \_\_\_\_\_

Passport number \_\_\_\_\_

Employer \_\_\_\_\_

Employer \_\_\_\_\_

Position \_\_\_\_\_

Position \_\_\_\_\_

Office Phone \_\_\_\_\_

Office Phone \_\_\_\_\_

Mobile Phone \_\_\_\_\_

Mobile Phone \_\_\_\_\_

Home Phone \_\_\_\_\_

Home Phone \_\_\_\_\_

Home Email \_\_\_\_\_

Home Email \_\_\_\_\_

Work Email \_\_\_\_\_

Work Email \_\_\_\_\_

Please indicate preferred email address (This email address will receive the newsletter and any information emailed to families. You are able to indicate one email address or one email address per parent)

Father Home     Father Work     Mother Work     Mother Home

## Address details

Current Address (if outside Singapore) \_\_\_\_\_

Address in Singapore \_\_\_\_\_

What is your predicted length of time in Singapore? \_\_\_\_\_

Who will pay the school fees?

Company  please provide name of company and contact and complete attached Guarantee \_\_\_\_\_

Self

## Student will reside with

Both parents     Mother     Father     Residential Guardian

## Sibling details

Name	DOB	Gender	Current School	Year level	Applying for AIS (Y/N)

I have read and agree to be bound by the AIS Terms & Conditions (attached / available here)

I declare that the information on this application form is true and correct.

Signature of Mother \_\_\_\_\_

Signature of Father \_\_\_\_\_

Date \_\_\_\_\_

Date \_\_\_\_\_

### Parent Checklist - MANDATORY

- |   |   |
|---|---|
| <input type="checkbox"/> Completed and signed Application for Admission         | <input type="checkbox"/> Photocopy of the first two pages of the student's passport     |
| <input type="checkbox"/> Two passport sized photographs                         | <input type="checkbox"/> Photocopy of Dependent's Pass or Student's Pass OR             |
| <input type="checkbox"/> Photocopy of birth certificate                         | <input type="checkbox"/> Evidence of application for Dependant's Pass or Student's Pass |
| <input type="checkbox"/> Photocopy of education certificates (as appropriate)   | <input type="checkbox"/> Evidence of medical insurance cover in Singapore               |
| <input type="checkbox"/> School reports for the last two years                  | <input type="checkbox"/> The non-refundable Registration Fee                            |
| <input type="checkbox"/> Results of any English language tests undertaken       | <input type="checkbox"/> Photocopy of Immunisation record                               |
| <input type="checkbox"/> Certified translations of any documents not in English | <input type="checkbox"/> Completed medical information and consent form                 |

Please advise how you heard about the Australian International School –

#### Advertisement

- |  |  |  |   |
|--|--|--|---|
| <input type="checkbox"/> Anza Magazine or web banner | <input type="checkbox"/> Austcham Magazine or web banner | <input type="checkbox"/> Britcham Magazine | <input type="checkbox"/> IB Schools Guide |
| <input type="checkbox"/> British Club Magazine       | <input type="checkbox"/> Tanglin Mall                    | <input type="checkbox"/> Other             |   |
- Personal Recommendation or referral
- [www.ais.com.sg](http://www.ais.com.sg) <<http://www.ais.com.sg>>
- Affiliated website
- AIS publication
- Prior relationship with AIS
- Other (please specify) \_\_\_\_\_

Return the completed package to the Admissions Registrar

#### Admissions Registrar

Australian International School

1 Lorong Chuan

Singapore

556818

Ph. +65 6517 0247 +65 6319 3779

Fax. +65 6285 5255

Or [enrolments@ais.com.sg](mailto:enrolments@ais.com.sg)

