

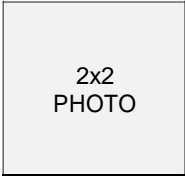


# AGUINALDO

## INTERNATIONAL SCHOOL

### APPLICATION FORM FOR SCHOOL YEAR 2018/19

1. Please checkmark the grade that your child will enter AIS:



Early Learning	Lower grades	Middle Grades	Junior High	Senior High
<input type="checkbox"/> Nursery	<input type="checkbox"/> 1	<input type="checkbox"/> 4	<input type="checkbox"/> 7	<input type="checkbox"/> 10
<input type="checkbox"/> Kinder	<input type="checkbox"/> 2	<input type="checkbox"/> 5	<input type="checkbox"/> 8	<input type="checkbox"/> 11
<input type="checkbox"/> Prep	<input type="checkbox"/> 3	<input type="checkbox"/> 6	<input type="checkbox"/> 9	<input type="checkbox"/> 12

2. Family information:

**Student's Name:**

\_\_\_\_\_

**Last Name** \_\_\_\_\_ **First Name** \_\_\_\_\_ **Middle Name(s)** \_\_\_\_\_

**Address during the school year:**

\_\_\_\_\_

Male  Birth date: \_\_\_\_\_ Nationality: \_\_\_\_\_

Female  Birth place: \_\_\_\_\_ Religion: \_\_\_\_\_

Sibling 1	Sibling 2	Sibling 3	Sibling 4	Sibling 5	Sibling 6
<input type="checkbox"/> Age _____	<input type="checkbox"/> Age _____	<input type="checkbox"/> Age _____	<input type="checkbox"/> Age _____	<input type="checkbox"/> Age _____	<input type="checkbox"/> Age _____
<input type="checkbox"/> Male	<input type="checkbox"/> Male	<input type="checkbox"/> Male	<input type="checkbox"/> Male	<input type="checkbox"/> Male	<input type="checkbox"/> Male
<input type="checkbox"/> Female	<input type="checkbox"/> Female	<input type="checkbox"/> Female	<input type="checkbox"/> Female	<input type="checkbox"/> Female	<input type="checkbox"/> Female

The student lives with parent(s)  The student lives with a legal guardian. \_\_\_\_\_  
(specify relationship)

The parents:  Live together  Are separated  Are annulled  Father deceased  Mother deceased

\_\_\_\_\_

Father's last name \_\_\_\_\_ Father's first, middle name \_\_\_\_\_ Father's e-mail \_\_\_\_\_

Mother's last name \_\_\_\_\_ Mother's first, middle name \_\_\_\_\_ Mother's e-mail \_\_\_\_\_

Father's Home No. \_\_\_\_\_ Father's Cell No. \_\_\_\_\_ Father's Work No. \_\_\_\_\_

Mother's Home No. \_\_\_\_\_ Mother's Cell No. \_\_\_\_\_ Mother's Work No. \_\_\_\_\_

3. Please indicate your child's most recent school attended (if applicable)

Name of School: : \_\_\_\_\_ Grade level: \_\_\_\_\_

Address of School: : \_\_\_\_\_

4. Please indicate how you found out about AIS

- AIS Website  AIS Facebook  AIS Wikipedia  AIS flyer  Referral

If you were referred to AIS then please give the referrer's name: \_\_\_\_\_

5. I allow AIS to use photos of my child in print or online for school promotions:  YES  NO

**6. Please read the 'student pickup policies' and indicate your authorized pickup persons.**

**Student pickup policies:** (for ELC and students in grades 1-6 only)

The following precautions on student pick-up are intended to insure the safety of your child. We very much appreciate your understanding and cooperation.

- AIS will NOT release your child unless someone that you have listed below picks them up. Please notify the people in your list that a valid I.D. with picture is required for pick up.
- If you want your child to be picked up by someone that is not on your list then we require a written note before the end of the school day. We cannot accept phone call pickup changes.
- If a spouse or child of a person listed below comes in to pick up your child, we WILL NOT release the child to that person. Your child will only be released to the person named on your list.

**Please list your authorized pickup persons here:**

I authorize the persons listed below to pick up my child from *Aguinaldo International School*.

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

**7. Please share any difficulties your child might have:**

Allergies	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Medical conditions	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Learning difficulties	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Physical disabilities	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Emotional difficulties	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Behavioral challenges	<input type="checkbox"/> Yes	<input type="checkbox"/> No

**8. Please indicate if your child has been evaluated by one of the following health professionals:**

Developmental pediatrician	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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Occupational therapist	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Speech pathologist	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Psychologist	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Psychiatrist	<input type="checkbox"/> Yes	<input type="checkbox"/> No

*\* Please note that if, during the school year, your child exhibits certain behaviors or academic difficulties that, in the judgment of the school require special interventions then you would be invited to the school to meet with your child's learning support team. A SPED fee would be implemented in the event that special education services are required after a qualified professional has conducted a thorough assessment.*

**9. Complete ONLY IF your child is under the care of a guardian:**

<hr/> <b>Guardian's last name</b>	<hr/> <b>First Name</b>	<hr/> <b>Middle names</b>
<hr/> <b>Guardian's spouse' last name</b>	<hr/> <b>First Name</b>	<hr/> <b>Middle names</b>
<hr/> <b>Guardian's landline (Manila/home country)</b>	<hr/> <b>Cell phone (Manila/home country)</b>	<hr/> <b>Email address</b>

This is to inform *Aguinaldo International School* that we the undersigned, as parent(s) of \_\_\_\_\_, presently enrolled in Grade: \_\_\_\_\_, School Year: \_\_\_\_\_, have assigned guardianship rights to the guardians listed on this document, and we agree that in the first instance, *Aguinaldo International School* should address any communications or concerns with respect to our child to this (these) abovementioned person(s). We further understand that if we change our child's guardianship, at any point during the school year, then we must complete a new *AIS Guardianship Form* immediately.

<hr/> <b>Mother's signature over printed name</b>	<hr/> <b>Father's signature over printed name</b>	<hr/> <b>Date</b>
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**10. Parent/Guardian agreement:**

I the undersigned, as a parent/guardian of \_\_\_\_\_, verify to *Aguinaldo International School* that all the information provided on this application form is correct, and that I understand and agree to comply with the following AIS policies related to learning supports (ESL, SPED, remedial classes, etc.): **1)** AIS is committed to helping every child reach his or her full academic and social potential, **2)** AIS does not make diagnoses and, therefore, will refer a student to a developmental pediatrician upon the advise of the school's learning support team, **3)** AIS recognizes assessment reports from Medical Center Manila (to ensure reliability), **4)** if a child is referred by the school to a developmental pediatrician then the parents must comply without delay, **5)** if a child is referred by the school to the ESL and/or remedial programs then the parents must comply without delay (and pay associated fees), **6)** students referred to a developmental pediatrician will need to join the school's Observation & Evaluation Program (and pay associated fees) while waiting for the results of the developmental pediatrician's assessment, **7)** if a child is diagnosed with a special need by a developmental pediatrician at Medical Center Manila then he or she must be enrolled in AIS' Special Education Program without delay (and pay associated fees) to ensure that he/she receives the needed educational supports and services, and **8)** Parents/guardians that do not comply with the aforementioned policies may be required to withdraw their child from the school at the end of the current quarter.

<hr/> <b>Parent/Guardian Signature over printed name</b>	<hr/> <b>Date</b>
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