

Accra, Ghana - West Africa

Application for Enrollment

School Address:

PO Box KIA 30741 Accra, Ghana, West Africa #1 Jungle Road East Legon, Accra, Ghana, West Africa

Phone: (011) 233-21-500-450

Mobile Phone: (011) 233-24-659-0277

http://www.AlSaccra.org Email: Info@aisaccra.org

This form may be mailed to the PO Box or to the above e-mail address.

(Please Print)	
Family Name Stud	ent's Given Name(s)
Please submit the following with this application:	
Copies of previous school reports/transcripts/report cards	Please
One recent student photograph at the right	attach 1 recent
Photocopy of passport and residence permit	photograph here
US\$50.00 application fee (may be paid in Cedis)	nere

Please feel free to duplicate this entire form if you need additional copies

Any previous reports of special academic needs, learning disabilities, psychiatric problems, counseling,

or serious social issues

Student Information

			Sex: IVI 🛏 F 🖪
Family Name	Official Given Name(s)	Nickname	
Date of Birth (mm/dd/yy)		Place of Birth ———	
Language(s) Spoken at Home -		Other Languages ——	
Passport Number		Place of Issue	Exp
Student status (check one): Res	sident Visitor	Nationality	
Expected Date of Enrollment		Proposed Entry Grade	





Please list all schools attended (most recent school first)

School	Address	Telephone	Dates Attended	Grade Levels

Health (Please include any illness, allergy, medication, or ongoing medical concerns of which the school should be aware.)

May the student participate in all school sports/activities? If not, please explain.

Please list previous interest or achievement in sports:

Please list hobbies, musical abilities, or other interests:

Has the student previously received help or attention because of learning problems or disabilities? (Please attach any relevant information.)





American International School

FAMILY INFORMATION

Names of Brothers or Sisters	Sex	Age	Date of Birth (mm/dd/yy)	Present Grade and School	Applying to AIS?
Family: Residential A		S			
Home Telephone				Home Fax	
Email Address					
Denomination/Religio	n			Parents' Marital Status	
Father: Name				Nationality	
Occupation					_
Business Nam					
Office Phone				Cell Phone	
Mother: Name				Nationality	
Occupation					
Business Nam	ne/Addr	ess			
Office Phone			Office Fax	Cell Phone _	
Predicted length of sta	ay in Ad	ccra:			



Emergency Contact Information

(Please designate someone AIS can contact in an er	nergency if parents/guardians are not available)
Name	Relationship
Address	Telephone
For Students Planning to	Live with Guardians:
Do you need help finding housing for your child? Yes Homestay/Private Hostel	s/No If Yes, please indicate preference:
AIS parents who are not themselves living in Accra a whom the school can contact if necessary.	nd must designate a responsible Accra resident
Name of Guardian in Accra	
Address	
	Telephone
Email	_
Billing Info	rmation
School fees will be paid by	
Billing Contact Address	
Billing Telephone	Billing Fax
Please list below any other comments or pertinent in	formation regarding this application:





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

Father's Signature	Date			
Mother's Signature	Date			
Guardian's Signature (if applicable)	Date			
FOR SCHOOL USE ONLY				
Date Received:				
Admitted to Grade	Interviewed by			
Date Admitted	Decision/Recommendation			
Date to Begin				
Records Received				
Registration Deposit Paid				

Tuition Level _____