



ADMISSION FORM

Upon registration please provide the school with all the information relevant to the student(s) and family.
Please provide a passport photo of student(s) and copy of passport details of the student(s) and parents/guardians.

Parents are required to complete the Admission Form and ensure all information is correct and all sections of the form are filled in.

Student information: Details of student/s enrolled / to be enrolled at AISM

| First Student | | | | | |
|--------------------------------------|---------------------------------------|-----------------------|--|---------------------|--------|
| First name | Middle Name | Last name | Nationality | Starting from Grade | Photo: |
| Student's Cell #: | | Gender: Male / Female | | Student's Email: | |
| Date of Birth: e.g. 1 1 June 1993 | Day | Month | Year | First language: | |
| Name / Location of previous school: | Grade(s) attended at previous school: | | Have you recently completed the AISM medical forms and submitted them to school? Yes <input type="checkbox"/> / No <input type="checkbox"/> | | |
| With whom does the student live: | | | Does the student have a sibling currently enrolled at AISM? Name: _____ Grade: _____ | | |

| | |
|---|--------------------------------|
| Please state if the student has ever been suspended or expelled? Yes <input type="checkbox"/> No <input type="checkbox"/> | (if Yes) Dates: Reason: |
|---|--------------------------------|

| Second Student (If Applicable) | | | | | |
|--------------------------------------|---------------------------------------|-----------------------|--|---------------------|--------|
| First name | Middle Name | Last name | Nationality | Starting from Grade | Photo: |
| Student's Cell #: | | Gender: Male / Female | | Student's Email: | |
| Date of Birth: e.g. 1 1 June 1993 | Day | Month | Year | First language: | |
| Name / Location of previous school: | Grade(s) attended at previous school: | | Have you recently completed the AISM medical forms and submitted them to school? Yes <input type="checkbox"/> / No <input type="checkbox"/> | | |
| With whom does the student live: | | | Does the student have a sibling currently enrolled at AISM? Name: _____ Grade: _____ | | |

| | |
|---|--------------------------------|
| Please state if the student has ever been suspended or expelled? Yes <input type="checkbox"/> No <input type="checkbox"/> | (if Yes) Dates: Reason: |
|---|--------------------------------|

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| Telephone contact numbers: | Would you like to add your telephone numbers to the AISM telephone directory: (✓ Check to indicate preference) Mother's telephone numbers: Yes <input type="checkbox"/> / No <input type="checkbox"/> Father's telephone numbers: Yes <input type="checkbox"/> / No <input type="checkbox"/> |
|-----------------------------------|---|

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|---|-----------------------|
| To whom would you like the school to address correspondence: | e.g. Mr. X and Ms. Xx |
|---|-----------------------|

| | | | |
|--|--|--|--|
| We live at: | | Any mail must go to: | |
| Physical Home Address In Mozambique | | Postal Address <u>In</u> Mozambique | |
| | | | |
| | | | |

| | | | | |
|---|---------------|--|------------------------------------|------------------------------------|
| Permanent address <u>Outside of Mozambique</u> (if applicable) | | Permanent Contact Number <u>Outside of Mozambique</u> (if applicable) | Father's Cell # Outside Mozambique | Mother's Cell # Outside Mozambique |
| | | | Father's Work # Outside Mozambique | Mother's Work #Outside Mozambique |
| | | | Father's Home #Outside Mozambique | Mother's Home #Outside Mozambique |
| | Country Name: | | | |
| | Zip Code: | | | |

Parent Information: Contact Details

| Mother <input type="checkbox"/> / Guardian <input type="checkbox"/> (Preferred contact <input type="checkbox"/>) | | | | |
|---|------------|-----------|---|-------------------|
| Title e.g. Ms. Mrs. Dr. Prof. | First name | Last name | Mother - Nationality | Languages spoken: |
| Mother: Cell number: | | | Mother: Work number: | |
| Mother: Home number: | | | Mother: Email 1: Email 2: | |
| Employed: Yes <input type="checkbox"/> / No <input type="checkbox"/> | | | Is the Employer a US Company/Organization? Yes <input type="checkbox"/> / No <input type="checkbox"/> | |
| If Yes: Employed by: | | | If Yes: Is the US Based Company/Organization classified as private, Government or International? Private / Government / International / NGO | |
| Occupation: | | | Is the Employer part of the Mozambican Government? Yes <input type="checkbox"/> / No <input type="checkbox"/> | |
| Marital status: | | | If Yes: What is the name of Local/Mozambique government department/ affiliation: (if applicable) e.g. <i>Ministry of Finance</i> | |

| Father <input type="checkbox"/> / Guardian <input type="checkbox"/> (Preferred contact <input type="checkbox"/>) | | | | |
|---|------------|-----------|---|-------------------|
| Title e.g. Mr. Dr. Prof. | First name | Last name | Father - Nationality | Languages spoken: |
| Father: Cell number: | | | Father: Work number: | |
| Father: Home number: | | | Father: Email 1: Email 2: | |
| Employed: Yes <input type="checkbox"/> / No <input type="checkbox"/> | | | Is the Employer a US Company/Organization? Yes <input type="checkbox"/> / No <input type="checkbox"/> | |
| If Yes: Employed by: | | | If Yes: Is the US Based Company/Organization classified as private, Government or International? Private / Government / International / NGO | |
| Occupation: | | | Is the Employer part of the Mozambican Government? Yes <input type="checkbox"/> / No <input type="checkbox"/> | |
| Marital status: | | | If Yes: What is the name of Local/Mozambique government department/ affiliation: (if applicable) e.g. <i>Ministry of Finance</i> | |

Emergency Contact Information: Should we not be able to reach you, who else can we call e.g. should your child take ill while at school etc.

| Emergency Contact 1 & 2 | | | | | |
|-------------------------|-----------|-------------------------|--------------|-----------|-------------------------|
| First name | Last name | Relationship to student | First name | Last name | Relationship to student |
| Cell number: | | | Cell number: | | |
| Home number: | | | Home number: | | |
| Work number: | | | Work number: | | |

Billing Information: AIMS holds parents responsible for payment of all school fees. When organizations undertake actual payments or reimbursements, parents are still held responsible for payments. Payment may be made by cheque or wire transfer to the school accounts. AISM is entitled to withhold report cards should any fees be unpaid at the end of the semester or when a student leaves.

Please check correct option:

| | | | |
|---|---|----|---|
| Does a company or institution pay full or part of the school fees? Full <input type="checkbox"/> / Part <input type="checkbox"/> / None <input type="checkbox"/> | What is the Percentage or Value paid by the company or sponsor? | \$ | % |
| If company paid: What is the full name of the company who is paying for tuition? | What is the Percentage or value self funded by parent/guardian? | \$ | % |

I hereby affirm the validity of the information I have provided on this application form:

Parent Signature: _____ Date: _____

Enquiries to: aismregistrar@aism-moz.com

AIMS Admission by: _____ Date: _____