

AMERICAN INTERNATIONAL SCHOOL OF BUDAPEST

Tel: +36 (26) 556 000
Fax: +36 (26) 556 003

P.O.Box 53
1525 Budapest, Hungary

E-mail: admissions@aisb.hu
Web site: www.aisb.hu

Application for Admission

All questions on this application form must be answered. We cannot begin to process your child's application until all the information is received by the School.

1. Attach the following documents to the application:

- copy of the child's passport for non-Hungarian citizens
- copy of the child's birth certificate for Hungarian citizens
- copy of the child's official immunization record (in English)
- school records for the last three years translated into English (please include all standardized/group tests)
- completed Student Reference Form (part of application form)

2. Return the documents to the Admissions Officer.

3. When your child's enrollment has been approved, please pay the \$650 non-refundable Registration Fee.

CHILD'S NAME _____ SEX _____

Surname

Name

DATE /PLACE OF BIRTH _____ GRADE LEVEL APPLYING FOR _____

Day / Month / Year

ARRIVAL DATE IN HUNGARY _____ EXPECTED DATE TO BEGIN _____

CHILD'S NATIONALITY _____ NATIVE LANGUAGE _____

HOME ADDRESS AND TEL. NUMBER IN HUNGARY _____

City Code

City

Street _____

Number

Tel. number

Fax

PARENTS' FLUENCY IN ENGLISH Father: _____ Yes _____ No Mother: _____ Yes _____ No

NAME, ADDRESS AND PHONE NUMBER OF CHILD'S TRANSLATOR (REQUIRED IF PARENTS ARE NOT FLUENT IN ENGLISH)

FATHER'S NAME _____

Address if different from child's _____

FATHER'S EMPLOYER _____ FATHER'S JOB _____

Nature of employment: _____ Commercial business _____ Governmental organization _____ Non-profit

Name of US Parent Company: _____ If US Embassy, section: _____

FATHER'S WORK PHONE/MOBILE _____ FATHER'S WORK FAX _____

FATHER'S NATIVE LANGUAGE _____ FATHER'S E-MAIL _____

MOTHER'S NAME _____ MAIDEN Name _____

Address if different from child's _____

MOTHER'S EMPLOYER _____ MOTHER'S JOB _____

Nature of employment: _____ Commercial business _____ Governmental organization _____ Non-profit

Name of US Parent Company: _____ If US Embassy, section: _____

MOTHER'S WORK PHONE/MOBILE _____ MOTHER'S WORK FAX _____

MOTHER'S NATIVE LANGUAGE _____ MOTHER'S E-MAIL _____

SIBLINGS AT/APPLYING TO AISB

1. Name _____ Grade / Age _____ 2. Name _____ Grade / Age _____

3. Name _____ Grade / Age _____ 4. Name _____ Grade / Age _____

FOR OFFICE USE ONLY

DATE RECEIVED _____ GRADE _____ ESL SCREEN _____ YES _____ NO

START DATE _____ NURSE _____ PRINCIPAL _____ ADMISSIONS OFFICER _____

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Academic Information

FOR ALL GRADES: PREVIOUS EDUCATION

List all schools (including pre-school) attended beginning with most recent.

NAME OF SCHOOL	LOCATION	GRADES	MONTH/YEAR
E.g. International School of Bangkok	Bangkok, Thailand	5,4,3	8/99 - 6/02

LANGUAGE

Language most often spoken by child at home _____

For non-native English language speakers, number of years of English language training _____

OTHER LANGUAGES (Indicate whether fluent, intermediate or basic)

	LANGUAGE	SPOKEN	READ	WRITTEN
1st	_____	_____	_____	_____
2nd	_____	_____	_____	_____
3rd	_____	_____	_____	_____

MIDDLE AND HIGH SCHOOL STUDENTS

Please submit an official transcript in English, showing the courses completed in grades 6-11. Clearly specify course content. We cannot assign academic credit toward graduation without official transcripts listing specific subject courses.

AISB offers a strongly academic, university preparatory program. Prospective Middle/High School students must demonstrate fluency in the English language according to the following grade levels: grade 7 within 4 years of grade level; grade 8 within 3 years of grade level; grades 9-12 within 2 years of grade level. A language screening test is given prior to acceptance to determine proficiency.

FOR OFFICE USE ONLY

TOTAL SCORE

SPEAKING _____ LISTENING _____ READING _____ WRITING _____

SHOULD THE STUDENT BE PLACED IN THE ESL PROGRAM ____ YES ____ NO DATE OF ESL TEST _____

SPECIAL NEEDS

AISB admits students with limited learning needs, problems or disabilities within the guidelines listed in its admissions policy. You must answer YES or NO to the following questions.

- Does your child have any special needs? _____ Yes _____ No
- Has your child ever been placed in any special classes? _____ Yes _____ No
- Has your child ever been classified as having a: (check those which apply)
 - _____ Learning Disability
 - _____ Attention Deficit Disorder (ADD)
 - _____ Behavioral Problem (please specify) _____
 - _____ Physical Problem (please specify) _____
- Has your child ever been given any individual educational/psychological testing? _____ Yes _____ No
 - If yes, are the results included in the records being sent to AISB? _____ Yes _____ No
 - If not, do you give your consent for these records to be requested from the previous school(s)? _____ Yes _____ No

Please attach any other information about your child including evaluations, reports, IEPs or school referrals that might help our school meet your child's academic needs. Include information regarding any special health, learning or behavioral problems as well.

AISB does not discriminate on the basis of race, color, religion, disability, national or ethnic origin, sexual orientation, age, sex or marital status in its educational programs, activities, and services or its employment practices. Inquiries may be directed to the Director.

To the best of my knowledge, all the information in this application form is accurate and true. I understand that if any information has been falsified, acceptance of this application will be null and void.

Print name of parent or guardian

Signature

Date

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Medical Examination and History

REQUIREMENTS

1. A medical examination (within the past year) is required prior to admission.
2. All students must meet current immunization requirements listed in the *Medical Admission Requirements*.
3. Please record all pertinent health conditions and history of the student.

NAME _____ DATE OF BIRTH _____
Day / Month / Year

MEDICAL HISTORY (to be completed by parent or guardian)

Allergies (including all drug or food allergies) _____
 Eyeglasses, contact lenses, hearing aid _____
 Serious illness, injury, or surgery in the past (including broken bones) _____
 Chronic medical condition (asthma, diabetes, seizure disorder, etc.) _____
 Current treatment _____
 Regular medication (if any, please provide written instructions in English)* _____ Times given _____

IMMUNIZATION RECORD (to be completed by physician or attach official immunization record in English)

REQUIRED VACCINES DATE (MONTH/YEAR) OF EACH DOSE

REQUIRED VACCINES	DATE (MONTH/YEAR) OF EACH DOSE				
BCG					
DTP / DT / TD					
POLIO (OPV / IPV)					
MMR (COMBINATION)					
MEASLES					
MUMPS					
RUBELLA					
MANTOUX / TB					
HEPATITIS B					
HIB					

MEDICAL EXAMINATION (to be completed by physician)

Height _____ Weight _____ Blood Pressure _____ Pulse _____
 Respiration _____ General appearance / Nutrition _____
 Eyes _____ Ears _____ Nose / Throat _____ Teeth / Gums _____
 Cardiovascular _____ Respiratory _____
 Skin _____ Neurological _____ Musculo-skeletal _____

1. In your opinion, should this student be permitted to participate in the sports program? _____ Yes _____ No
2. Does this student have a history of muscle / ligament / tendon injuries? _____ Yes _____ No
 If yes, please explain: _____
3. Should this student wear any protective device or elastic brace (i.e. sport glasses, ankle / knee / wrist brace)? _____ Yes _____ No

RECOMMENDATIONS OR RESTRICTIONS _____

_____ Date of examination (Day / Month / Year)

_____ Physician's name, signature and seal

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Billing Information

Please use the form below to inform AISB' Business Office about your billing preferences. Please print using black pen.

STUDENT'S NAME _____ GRADE _____

ABOUT BILLING

Invoice to be billed to (please check one)

Company / Organization _____
Address _____
Contact person _____
Telephone _____ Fax _____
E-mail _____

Individual _____
Address _____
Contact person _____
Telephone _____ Fax _____
E-mail _____

IF YOU DO NOT STATE YOUR PREFERENCE THE INVOICE WILL BE GIVEN TO YOUR CHILD WITH INSTRUCTIONS TO FORWARD IT TO YOU . PLEASE NOTE ANY OTHER INSTRUCTIONS HERE

ATTENTION: ALL FEES ARE PAYABLE IN US DOLLARS

ABOUT THE INVOICE

The breakdown of the fees is as follows:

- Registration fee (one-time)
- Building fee (annual)
- Tuition fee (annual)

The registration fee is payable upon receipt of the School's official acceptance letter, before the first day of attending school. Individual families or sponsoring organizations are responsible to make tuition and building fee payments within 30 days of the issue date of the invoice. Overdue balances are subject to 12% per year interest, calculated daily. Students whose tuition and fees have not been paid within 60 days of the invoice date will be suspended from school.

An invoice for the Tuition and Building fees will be issued on your child's first day of attendance. If you do not receive the invoice within a week please notify the cashier. Tuition and fees are payable for the entire school year (Plan A) or by semester (Plan B - NB: interest charges apply to Plan B.)

Withdrawing a student from school: Written notification **MUST** be received by the Admissions Office **prior to the student's last day of school.** The date indicated in this written notification will be the base of tuition refund calculation.

Agreement: I have read AISB's tuition and fees payment terms and conditions provided hereto, and agree to pay all tuition and fees accordingly.

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Student Reference Form

to be completed by the current home kindergarten / classroom teacher (elementary students) or counselor / principal (middle / high school students)

STUDENT'S NAME _____ APPLYING FOR GRADE _____
Surname Name

The above student has applied for admission to the American International School of Budapest. This reference is an important part of the application process. We appreciate your candid evaluation of this student. Please return the completed form to the Admissions Office at the above address or send it by e-mail or fax. Please note that this form must include an official school stamp.

NAME OF PRESENT SCHOOL: _____

SCHOOL ADDRESS: _____ SCHOOL PHONE: _____

SCHOOL FAX NUMBER: _____ E-MAIL ADDRESS: _____

NAME OF PERSON SUBMITTING EVALUATION: _____

POSITION: _____ LENGTH OF TIME ACQUAINTED WITH STUDENT _____

SIGNATURE: _____ DATE: _____

SIGNATURE OF DIRECTOR/ PRINCIPAL: _____ DATE: _____

ANY COMMENTS: _____

PLEASE INDICATE YOUR OPINION OF THE STUDENT IN THE FOLLOWING AREAS

ACADEMIC QUALITIES / WORK HABITS	OUTSTANDING	GOOD	SATISFACTORY	NEEDS IMPROVEMENT	UNSATISFACTORY
ORGANIZES TIME AND MATERIALS					
WORKS INDEPENDENTLY					
WORKS WELL IN GROUP ACTIVITIES					
LISTENS TO / FOLLOWS DIRECTIONS					
PARTICIPATES IN CLASS DISCUSSIONS / ACTIVITIES					
DEMONSTRATES SELF DISCIPLINE					

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PERSONAL DEVELOPMENT	OUTSTANDING	GOOD	SATISFACTORY	NEEDS IMPROVEMENT	UNSATISFACTORY
EXHIBITS SELF-CONFIDENCE					
RELATES WELL TO PEERS					
SHOWS CONCERN FOR OTHERS					
RESPECTS RIGHTS/PROPERTY OF OTHERS					
SHOWS COURTESY/RESPECT					
DEMONSTRATES LEADERSHIP ABILITY					
ACCEPTS CONSTRUCTIVE CRITICISM					

Has this student been recommended for / received additional help or special education services at your school?

___ Yes ___ No If yes, what services and for how long?

Has the student ever been subject to any serious discipline procedure?

___ Yes ___ No If yes, please explain.

Is there anything we should know about this student - personal circumstances, special factors, obstacles that may play a part in his or her academic standing and social development?
