



## The American International School in Egypt

Cairo Festival City  
5th Settlement  
Katameya  
Cairo  
Egypt

PO Box 8090  
Masaken  
Nasr City 11371  
Cairo  
Egypt

Telephone : + (202) 2 618 8400  
Admissions : + (202) 2 618 8448  
Fax : + (202) 2 617 4002  
Email : registrar@aisegypt.com

### Application For Student Enrollment

Student Information			
Last Name		First Name	
Date of Birth (D/M/Y)		Place of Birth	
Citizenship		Birth Certificate Number For Egyptians	
Sex	Male <input type="checkbox"/> Female <input type="checkbox"/>		
Religion		Passport Number	

Parental Information	Father	Mother
Name		
Citizenship		
Home Address		
Home Phone		
Mobile Phone		
Email Address		
Occupation		
Company Name		
Type of Business		
Business Phone		
Business Fax		

## Siblings Information

	Name	Current	Age	Sex	Grade	At AISE?
1						
2						
3						
4						

## Emergency Contacts

	Contact 1	Contact 2
Name		
Relationship		
Address		
Home Phone		
Mobile Phone		

## School Information

Previous Schools (K-12) (Most recent first)	Years	Grade (s)	Language of Instruction	School Location

## Applying For

Grade	School Year	Date to Begin School

## Other Information

The reason for the transfer	
Student's first language (mother tongue)	
Language spoken at home	
Did the applicant skip a grade and when?	
Has the applicant applied previously to AIS and when?	
Has the applicant received instruction for ESL and when?	
Has the applicant received services for learning difficulties and when?	
Special medical conditions or allergies	
How did you learn about AIS Egypt?	

## Financial Information

Fee will be paid by	Parent <input type="checkbox"/>	Guardian <input type="checkbox"/>	Embassy / Organisation <input type="checkbox"/>	Other <input type="checkbox"/>
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## Affidavit

I hereby declare that the above information is accurate and correct to the best of my knowledge. Please note that failure to provide accurate information and academic reports may result in withdrawal from enrollment offers.

Name of Parent / Guardian	
Relationship to the Applicant	
Date	
Signature	

Applications may be submitted in person to the admissions office, by fax or by email.  
(Please see contact information listed on page 1).

Acceptance

Yes <input type="checkbox"/>	No <input type="checkbox"/>	Grade	Academic Year
Superintendent's Comments and / or Conditions			
<input type="checkbox"/> Must present final report showing successful completion of current school year			
Date presented			
<input type="checkbox"/> Must present a letter of reference / good conduct from current school			
Date presented			
Superintendent's Signature			Date

Affidavit

I understand and agree to the terms of enrollment listed as described above. Please note that enrollment is not complete until all conditions are fulfilled.

Name of Parent / Guardian	
Date	
Signature	