



APPLICATION FOR ADMISSION

1655 Broad Street Road, Maidens, Virginia 23102
Phone 804.784.0141 | Fax 866.486.2178 | adamsinternationalschool.org

Applicant Information: Academic Year _____

- | | |
|---|----------------------------|
| <input type="radio"/> Primary Half Day (Ages 3-6) | 8:15am-12pm |
| <input type="radio"/> Primary Full Day (Ages 3-6) | 8:15am-3pm |
| <input type="radio"/> Elementary (Ages 6-12) | 8:15am-3pm |
| <input type="radio"/> Middle School (Ages 11-15) | 7:45am-3pm* (*5pm Mondays) |
| <input type="radio"/> One-on-One Tutoring | |

Student Information

Last Name		First Name		Middle Name	Gender	Age
Preferred Name		Date of Birth (mm/dd/yyyy)			Social Security Number	
Address				City/State/Zip		
Preferred Phone <input type="radio"/> Home <input type="radio"/> Cell		Alt Phone <input type="radio"/> Home <input type="radio"/> Cell		Country of Birth		Citizenship
Name of Current School				School District in which applicant resides		
Head of School / Principal				School Phone		
Previous School		Grade(s)		Dates Attended		
Previous School		Grade(s)		Dates Attended		
Has applicant applied to Adams International School before? <input type="radio"/> Yes <input type="radio"/> No If yes, when? _____						

Parent / Guardian Information

Parent / Guardian #1

Last Name		First Name		Relationship to Applicant	
Address				City/State/Zip	
Occupation		Employer Name		Business Phone	
Preferred Email				Secondary Email	

Parent / Guardian #2

Last Name	First Name	Relationship to Applicant
Address		City/State/Zip
Occupation	Employer Name	Business Phone
Preferred Email		Secondary Email

Check all that apply:

☐ Parents residing together
☐ Mother remarried

☐ Parents separated
☐ Father remarried

☐ Parents divorced
☐ Single Parent

☐ Mother deceased
☐ Other

☐ Father deceased

With whom does the child reside?

Who has legal custody of the child?

Please list the name(s) of the step-parent(s) if applicable.

Are there any extenuating circumstances or situations that we should know to help us better serve the needs of your child?

Other children in the family:

Name	Year of Birth	Present School
Name	Year of Birth	Present School
Name	Year of Birth	Present School
Name	Year of Birth	Present School

Please list name of person(s) responsible for tuition and fees.

How did you hear about Adams International School?

Please list all relatives who have attended or are attending AIS.

Name	Relationship	Grades/Years Attended
Name	Relationship	Grades/Years Attended

Health Information

Are there any serious health concerns or learning disabilities of which we should be aware? If yes, please explain.

Does the applicant have any allergies or need special medication? If yes, please explain.

Are there any health considerations that would prohibit the applicant from participating fully in school activities, including physical education classes or sports activities? Are there any special accommodations required due to physical disabilities?

Has your child been tested for:

☐ Speech and/or hearing therapy ☐ Psychological/Educational Assessment ☐ Neurological evaluations ☐ Visual examinations
☐ Learning difference ☐ Gifted programs

Please enclose the application fee of \$100 with your application. The fee is non-refundable. Your application is regarded as a formal request for consideration of your son or daughter as a potential student at ADAMS INTERNATIONAL SCHOOL, and as an authorization for our office to obtain transcripts and recommendations from previous schools. AIS welcomes students of any race, color, national and/or ethnic origin to all the rights, privileges, programs and activities generally accorded or made available to students at AIS. AIS does not discriminate in any way on the basis of race, color, national or ethnic origin or in the administration of its educational policies or any school administered program.

Minority Population (optional):

This section is for statistical purposes only. Adams International School seeks students from all backgrounds.

☐ African American ☐ Caucasian ☐ Middle Eastern ☐ Asian American ☐ Latino/Hispanic ☐ Native American

☐ Multiracial: _____ ☐ Other: _____

Primary language spoken in the home

Parent / Guardian Signature _____ Date _____

Parent / Guardian Signature _____ Date _____

FOR OFFICE USE ONLY:

Date application received _____

Received by _____

Application fee paid? ☐ Check # _____ ☐ Cash ☐ Credit card