



...where academic excellence is natural

1655 Broad Street Rd.
 Maidens, VA 23102
 (804) 784-0141 Fax (866) 486-2178
 www.adamsinternationalschool.org

Application for Admission

Applicant Information

Applicant for
 school year: _____

- Primary Half Day (3 – 6 years old) 8:10 a.m. – 12:00 p.m.
- Primary Full Day 8:10 a.m. – 3:00 p.m.
- Elementary (6 – 12 years old) 8:10 a.m. – 3:00 p.m.
- Extended Care (3 – 6 years old) 12:00 p.m. – 6:00 p.m.
- One-on-one Tutoring (3 - 12 years old)

Student Information

Last Name	First Name	Middle Name	Male	Female
Preferred Name	Date of Birth (m/d/y)	Age	Social Security Number	
Address	City	State	Zip	
Home Phone	Alternate Phone	Country of Birth	Citizenship	
Name of Current School		School District in which applicant resides		
Head of School/Principal		School Phone Number		
Previous School	Name	Grade(s)	Dates Attended	
Previous School	Name	Grade(s)	Dates Attended	
Has the Applicant previously applied to Adams International School (AIS)? _____ Yes _____ No If yes, when? _____				

Parent/Guardian Information

Last Name	First Name	Relationship to Applicant		
Address	City	State	Zip Code	
Employer Name	Business Phone		E-mail Address	
Last Name	First Name	Relationship to Applicant		
Address	City	State	Zip Code	
Employer Name	Business Phone		E-mail Address	

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Check all that apply:

- parents residing together parents separated parents divorced mother deceased father deceased
 mother remarried father remarried single parent other

With whom does the child reside?

Who has legal custody of the child?

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

Are there any unusual family situations?

Other children in the family:

Name	Year of Birth	Present School
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Name	Year of Birth	Present School
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Name	Year of Birth	Present School
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Name	Year of Birth	Present School
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Please list the name of person(s) financially 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
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Name	Relationship	Grades/Years Attended
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Name	Relationship	Grades/Years Attended
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Health Information

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

Does the applicant have any allergies or need special medications? If so, 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 the following:

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

Please enclose the application fee of \$50 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
- Multiracial _____
- Asian American
- Latino/Hispanic
- Native American
- Other _____

Primary language spoken in the home is _____

Parent/Guardian Signature _____ Date _____

FOR

OFFICE USE ONLY:
 Date application was received _____ Received by _____
 Application fee paid Check # _____ Cash

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