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# Application for Admission

## Applicant

Full name \_\_\_\_\_  
FIRST MIDDLE LAST Citizenship \_\_\_\_\_  
PLEASE LIST ALL PASSPORTS HELD

Preferred name \_\_\_\_\_ Applicant's current home address \_\_\_\_\_

Date of birth \_\_\_\_\_ Gender \_\_\_\_\_  
DAY MONTH YEAR

Applying for Grade \_\_\_\_\_ Current Grade \_\_\_\_\_

Proposed date of entry to ASL \_\_\_\_\_ Parent's contact email \_\_\_\_\_

Date of arrival in London \_\_\_\_\_ Telephone \_\_\_\_\_

Which languages can the applicant, with reasonable fluency, understand, speak, read and write?

	UNDERSTAND	SPEAK	READ	WRITE
First language _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Second language _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Third language _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Which languages are spoken at home? \_\_\_\_\_ Taken in school? \_\_\_\_\_

Which language do you consider to be the applicant's primary language? \_\_\_\_\_

**Applicant lives with** (check all that apply):

Father  Mother  Stepfather  Stepmother  Other (Relationship) \_\_\_\_\_

## Father/stepfather

Full name \_\_\_\_\_

Home address (if different from applicant) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Telephone \_\_\_\_\_

Employer \_\_\_\_\_

Occupation \_\_\_\_\_

Job title \_\_\_\_\_

Business address and telephone \_\_\_\_\_

\_\_\_\_\_

Business email \_\_\_\_\_

Business address and telephone in London (if different from above) \_\_\_\_\_

\_\_\_\_\_

## Mother/stepmother

Full name \_\_\_\_\_

Home address (if different from applicant) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Telephone \_\_\_\_\_

Employer \_\_\_\_\_

Occupation \_\_\_\_\_

Job title \_\_\_\_\_

Business address and telephone \_\_\_\_\_

\_\_\_\_\_

Business email \_\_\_\_\_

Business address and telephone in London (if different from above) \_\_\_\_\_

\_\_\_\_\_

## School history

Name of School	Location	Dates attended	Grades attended	Languages of instruction	School type
_____	_____	_____	_____	_____	<input type="checkbox"/> public/state <input type="checkbox"/> independent <input type="checkbox"/> international
_____	_____	_____	_____	_____	<input type="checkbox"/> public/state <input type="checkbox"/> independent <input type="checkbox"/> international
_____	_____	_____	_____	_____	<input type="checkbox"/> public/state <input type="checkbox"/> independent <input type="checkbox"/> international

Has the applicant ever been identified with or participated in a program for any of the following (if none apply, check "none"):

- None
- Gifted/gifted and talented
- Learning disability
- ADD/ADHD
- ESL (English as a second language)/EAL/ELL support
- Resource specialist program
- Speech, language or occupational therapy
- Tutoring
- Other \_\_\_\_\_

Has the applicant been assessed using any psycho-educational, language, neurological or cognitive testing (i.e., WISC)? If yes, please provide copies.

Yes  No

Does the applicant have an IEP or 504 plan? If yes, please provide copies.

Yes  No

Please describe any psychological or emotional issues or concerns that affect the applicant.

Please describe any physical or medical conditions or concerns (e.g., hearing loss, diabetes) that affect the applicant.

**Provide copies of all reports and evaluations. On a separate sheet, please describe briefly anything checked above.**

## Other children in family

Name	Gender	Date of birth DAY/MONTH/YEAR	Current school	Current grade	Applying to ASL?
_____	_____	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No

## Fees

What percentage of fees will be paid by parents \_\_\_\_\_ employer \_\_\_\_\_ other \_\_\_\_\_  
PLEASE SPECIFY

### Financial Aid

Financial aid at the American School in London enables students to attend the School regardless of their families' ability to pay the full cost of tuition. Financial aid decisions and admissions decisions are made independently. Aid awards are based on demonstrated need. Any enrolled student or admitted applicant is eligible to apply for financial aid regardless of nationality, age, gender, race or previous educational experiences. For more information regarding financial aid and for application forms, please visit [www.asl.org](http://www.asl.org).

## Parent signature

A non-refundable fee of £100 (or the US \$ equivalent) is required with this application.

We certify that the information provided on this application is complete and accurate, and we authorize the American School in London to request further information from teachers, counselors, administrators and specialists. We understand that if complete and accurate information has not been provided, the American School in London may be unable to provide services or accommodations, and, in certain circumstances, may withdraw its offer of admission. The signature of the parent or legal guardian reflects an acceptance of the School's financial terms. Your signature also verifies that you are the legal guardian for the above named student and are responsible for decisions involving his/her education.

Signature of parent or legal guardian

\_\_\_\_\_ Date \_\_\_\_\_

How did you hear about the American School in London? \_\_\_\_\_

If you are not residing currently in London, please give us the name and telephone number of a local contact.