



ASIAN INTERNATIONAL SCHOOL

4/97 Thalakotuwa Gardens, Colombo 5 Tel: 2512182-3, 2513181 Fax: 2512633 Email: admissions@ais.lk

Reg No : _____

APPLICATION FOR ADMISSIONS

Please
paste
photograph

Name of Student : _____

Nationality : _____ Religion : _____

Date of Birth : _____ Gender : _____

Class for which student is applying : _____

Name and address of present School : _____
(Where applicable) _____

O/Level results where applicable : _____

Courses required for the A/Level : _____

Mother

Father

Name: _____

Address: _____

Occupation/ _____

Place of Employment: _____

Contact No: Mobile _____

Home _____

Office _____

E-mail _____

Include: *A copy of Birth Certificate of the student. Do not attach the original.

*A current passport size photograph of the student

*A copy of his/her latest school report (where applicable).

*School Leaving Certificate (where applicable).

-For Office Use Only-

Date of issue : _____ Interviewed on : _____

Valid Till : _____ Admission Test : _____

P:S. If you have any other children already studying in school please give details in the format given below.

Name of Child	Reg No:	Present class	Remarks (for office use only)

Declaration

I hereby agree to the rules of Asian International School currently in force and undertake:

- i. To pay a non-refundable registration fee of Rs 0,000/- and a refundable deposit of Rs 15,000/- on confirmation of admission of my child.
- ii. To give at least three calendar months' notice in writing when anticipating leaving this school failing which I agree to pay the appropriate term fee in lieu.
- iii. **To pay the term fees regularly on time at least one week before commencement of each term until my child is officially withdrawn from the school.**
- iv. To act and be guided by school regulations stated in the Student Planner, Rules and Regulations given to parents upon admission and any other circular issued by the school from time to time.
- v. To ensure that homework is completed on regular basis by the child and to supervise his/her work at home.
- vi. I agree and accept that the School reserves the right to ask a child to leave, if the child displays antisocial tendencies, fails to meet the required academic standard or violates School Rules.

Signature of Parent/Guardian

Date

-For Office Use Only-

Name of Child:

Date of Birth :

B.C. Number :

Name of Parent/Guardian :

The above named student is admitted to (Class) from (Date).

PRINCIPAL