



APPLICATION FOR ADMISSION

Thank you for your application to the Carlucci American International School of Lisbon.

For an application to be complete you will need to submit:

- One (1) Form A pertaining to the family
- One (1) Form B per child applying
- Three (3) years of most recent school records per child applying.
- Any other information relevant to the applicant as requested on Form B

Fields marked with an Asterisk (*) are required. If a field does not apply to you, please write NA (Not Applicable).

PLEASE NOTE: As part of the application process and prior to entering into a possible contract with the Carlucci American International School of Lisbon, parents will submit academic records and other data in support of their child's application and this data will be maintained in electronic or print format as long as the application of the child is still active. Data supplied will be accessible to school personnel on a need-to-know basis. Should the students enroll, the data provided will be kept in accordance with the law. Should the students not be admitted or subsequently not enroll, the data provided will be deleted/destroyed. For the complete privacy policies and data treatment please look on the web page: www.caislisbon.org/privacy.

PARENTS INFORMATION

Please use Parent 1 for primary contact

PARENT 1

*First Name:	*Last name
<input type="text"/>	<input type="text"/>
*Gender (M/F):	*Languages Spoken:
<input type="text"/>	<input type="text"/>
*Current Address:	
<input type="text"/>	
*Zip (or Post) Code:	*City:
<input type="text"/>	<input type="text"/>
*Phone Contact	*Email Address
<input type="text"/>	<input type="text"/>
*Country(ies) of citizenship	
<input type="text"/>	
*Your Position/Title/Occupation	
<input type="text"/>	
*Employer's Name	*City
<input type="text"/>	<input type="text"/>

PARENT 2

*First Name:	*Last name
<input type="text"/>	<input type="text"/>
*Gender (M/F):	*Languages Spoken:
<input type="text"/>	<input type="text"/>
Current Address (if different from parent 1):	
<input type="text"/>	
Zip (or Post) Code:	City:
<input type="text"/>	<input type="text"/>
*Phone Contact	*Email Address
<input type="text"/>	<input type="text"/>
*Country(ies) of citizenship	
<input type="text"/>	
*Your Position/Title/Occupation	
<input type="text"/>	
*Employer's Name	*City
<input type="text"/>	<input type="text"/>

If the addresses of Parent 1 and Parent 2 are different, please select one:

- Situation is temporary: the parents do not live at the same address for professional or personal reasons.
- The parents are separated or legally divorced.
- Other reason (please explain):

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APPLICATION FOR ADMISSION — FORM A

GENERAL INFORMATION

*You are applying for how many children?

*What are their first names?

If you are not already based in Portugal:

*What brings you to Portugal?

*When do you expect to move? (Approximate date: MM/YYYY)

*Is your move to Portugal definite or still tentative?

*Do you already own valid documents to live here? (i.e.: VISA)

If not, when do you anticipate having them?

*How long do you expect to remain in Portugal?

If you are already based in Portugal:

*What motivated you to apply to our school at this time?

Regarding your application:

*How did you hear about us? (i.e.: Internet, advertising, friend, other)

If "friend", and the friend is a CAISL family, please let us know who:

If "other", please explain:

U.S. GOVERNMENT EMPLOYEES

* If applicable, please identify the entity with which you are employed (i.e.: U.S. Embassy, Department of State, Branch of Military, etc.)

PARENTAL SIGNATURE

I declare that the information provided by me on this application, including on forms A and B, is accurate and complete. I understand that for the purpose of an application only one signature is required, but for Enrollment two signatures may be necessary depending on custody issues which will need to be detailed if an offer of admission is made.

Date (DD/MM/YYYY):

Signature of PARENT or LEGAL GUARDIAN:

Please proceed to Form B (one per child).



APPLICATION FOR ADMISSION — FORM B

Note: Please complete Form B for each student. Fields marked with an Asterisk (*) are required. School records from the current/most recent and two prior academic years must be attached for the application to be considered complete. It is the applicant's family's responsibility to obtain the documents.

When would you like your child to start at CAISL?

*Month:

*Year:

APPLICANT

*Name (full name as in Passport or ID):

*Grade applying for:

*Gender (Female/Male):

*Country(ies) of Citizenship (please list all of them):

*Birthdate (DD/MM/YYYY):

*Applicant will live in Portugal in (please chose only one):

The household of Parent 1 and Parent 2

The household of Parent 1 and spouse/partner

The household of Parent 1 only

The households of Parent 1 and Parent 2 (children traveling between domiciles)

None of the options above. If so, please explain:

The following questions are for applicants to the **11th or 12th Grades** only:

Are you pursuing (or wish to pursue) the IB Diploma? (Y/N)

Does your current school offer both the IB and the American HS Diploma? (Y/N)

Regarding your **POST-SECONDARY STUDIES**, do you know what would you like to study? (Y/N)

If so, what are your thoughts?

In what country(ies) might you study?

PREVIOUS SCHOOLS

CAISL RESERVES THE RIGHT TO CONTACT, VERIFY, AND RECEIVE RECOMMENDATIONS FROM THE APPLICANT'S FORMER SCHOOL(S)

*Name of present school (if applicable):

*Grade/Year:

*Email of the School

*City, country:

*Years attended:

Other Schools Attended (Please provide the most recent previous Schools). School Name:

Grade/Year:

City, country:

Years attended:

School Name:

Grade/Year:

City, country:

Years attended:

LANGUAGE COMPETENCIES

*Has your child studied in an English-speaking school?

*If yes, for how long?

*Years attended:

*Level of **ENGLISH** (please select one):

Native Speaker
(1ST LANGUAGE IS ENGLISH)

Proficient
(CAN COMMUNICATE FLUENTLY)

Limited Speaker
(CAN COMMUNICATE BUT NOT FLUENTLY)

No English
(KNOWS ONLY A FEW WORDS)

*Level of **PORTUGUESE** (please select one):

Native Speaker
(1ST LANGUAGE IS PORTUGUESE)

Proficient
(CAN COMMUNICATE FLUENTLY)

Limited Speaker
(CAN COMMUNICATE BUT NOT FLUENTLY)

No Portuguese
(KNOWS ONLY A FEW WORDS)

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APPLICATION FOR ADMISSION — **FORM B (CONTINUATION)**

ACADEMIC INFORMATION

It is essential that you provide CAISL complete information of the ways in which your child might need support. Failure to fully disclose the information needed below may result in any future admissions offer being withdrawn or enrollment cancelled.

*Has your child ever been tested because of concerns related to educational difficulties (including but not limited to dyslexia, dyscalculia, dysgraphia, Asperger's syndrome/autism spectrum)? **(If YES, a copy of the most current educational-psychological evaluation must be attached.)**

Y/N

Please explain:

*Has your child ever been recommended for testing because of concerns related to educational difficulties (including those listed above) but not tested? **(If YES, explain why the testing was not done.)**

Y/N

Please explain:

*Has your child ever been tested by an educational psychologist or examined by a doctor because of concerns related to attention issues (such as ADD and ADHD). **(If YES, a copy of the most current testing/examination results must be attached.)**

Y/N

Please explain:

*Has your child ever been recommended for testing/examination for attention issues (such as ADD or ADHD) but not tested/examined? **(If YES, explain why the testing/examination was not done)**

Y/N

Please explain:

*Does your child have an Individualized Education Plan (PEI in Portuguese)? **(If YES, attach a copy.)**

Y/N

* Is your child consulting or has he/she consulted in the past three years a Speech Language Therapist or an Occupational Therapist? **(If YES, attach a copy of the most recent report.)**

Y/N

* Has your child ever been recommended for Speech Language Therapy, or Occupational Therapy, but never engaged in those services? **(If YES, please explain.)**

Y/N

Please explain:

*Has your child ever been retained in a Grade? **(If YES, indicate which Grade and the reason for the retention.)**

Y/N

Please explain:

*Does your child have any physical conditions which might limit his/her full participation in all aspects of the School program or for which the School might need to exercise special care or make accommodations? This includes but is not limited to severe allergies, hearing or vision loss, diabetes, mobility issues, epilepsy.

Y/N

Please explain:

If the child has attended an American School, did he/she have a 504 Plan? **(If YES, please attach a copy.)**

Y/N

*Has your child ever been suspended or expelled from a school, attended school under a behavioral contract, recommended for counseling for behavioral reasons, or asked to withdraw from a school because of behavioral issues?

Y/N

Please explain:

Please indicate any other issues of which we should be aware (medical, educational, emotional, etc.)

Please explain:

Thank you. Your form ends here.