



The Jerusalem American International School in Israel  
 Goldstein Youth Village  
 P.O. Box 117, Jerusalem 46910, Israel  
 Tel/Fax: 02 679-9611 Fax: 02-648-3423  
 e-mail: [sguggenheim@wbais](mailto:sguggenheim@wbais)

<b>NEW FAMILY REGISTRATION</b> <b>School Year 200__ - 200__</b> (One form per family)	<b>For Office Use Only</b> <input type="checkbox"/> Deposit: \$ _____ <input type="checkbox"/> Receipt No: _____ Date _____ <input type="checkbox"/> Pre-Kindergarten _____ <input type="checkbox"/> Kindergarten _____ <input type="checkbox"/> Elementary School: _____
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<b>PARENT FAMILY NAME:</b>			
Father's Name:	Nationality:	Country of Birth:	English Speaker: <input type="checkbox"/> Yes <input type="checkbox"/> No
Mother's Name:	Nationality:	Country of Birth:	English Speaker: <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Marital Status of Parents:</b> <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed			
<b>Student Living With:</b> <input type="checkbox"/> Parents <input type="checkbox"/> Father <input type="checkbox"/> Step-Father <input type="checkbox"/> Mother <input type="checkbox"/> Step-Mother <input type="checkbox"/> Guardian    Name of Guardian _____ (See Special Conditions relating to Guardianship)			

CHILDREN ENTERING AIS:								
	Student's Family Name (As in Passport)	Student's First Name (As in Passport)	M	F	Entering Grade	Bus Yes No		Anticipated Entry Date
1								
2								
3								
4								
5								
6								

ADDRESSES:		
	<b>HOME</b>	<b>MAILING</b> <input type="checkbox"/> Same as Home
Street Address		
Apartment No.		
Suburb		
Town		
Zip		
Telephone No.		
Cell Phone No.		
e-mail Address		

PARENT EMPLOYMENT INFORMATION:		
	<b>Mother</b>	<b>Father</b>
Occupation		
Position		
Name of Company		
Address		
Business Telephone		
Business Cell Phone		
Business Fax		
Business e-mail		

ALTERNATE CONTACT (other than parent)		
Name:		
Home Phone:	Business Phone:	Cell Phone:

(Please complete reverse side)

<b>BILLING INFORMATION</b>	
<b>Name:</b>	
<b>Address:</b>	
<b>Telephone:</b>	
<b>Cell Telephone:</b>	
<b>Fax:</b>	
<b>e-mail:</b>	
<b>Payment made via:</b>	<input type="checkbox"/> Personal <input type="checkbox"/> Embassy <input type="checkbox"/> Company/Institution <input type="checkbox"/> Other
<i>If US Government employee, indicate department (choose one)</i>	<input type="checkbox"/> Dept. of State <input type="checkbox"/> USAID <input type="checkbox"/> Military <input type="checkbox"/> DCMO <input type="checkbox"/> Other _____
<i>If United Nations employee, indicate department</i>	
<b>OVERSEAS CONTACT/HOME ADDRESS</b>	
<b>Name:</b>	
<b>Street Address:</b>	
<b>Apartment:</b>	
<b>Town:</b>	
<b>Zip:</b>	
<b>Country:</b>	
<b>Telephone:</b>	
<b>Cell Phone:</b>	
<b>Fax:</b>	
<b>e-mail:</b>	

<b>PARENT AUTHORIZATION FOR EMERGENCY SCHOOL DISMISSAL</b>	
<b>As the parent or guardian of above-listed child/children, we request that in the case of an emergency closure of the school during school hours, the following procedure will be used (check one box only):</b>	
<input type="checkbox"/> <b>Our child/children should remain at school until we are able to collect them.</b>	
<input type="checkbox"/> <b>Our child/children live in the immediate vicinity of the school and are old enough to walk home on their own.</b>	
<input type="checkbox"/> <b>We authorize the school to send our child/children home by school bus or cab transportation. We understand that the school will notify us regarding the departure and route of such bus or cab service.</b>	
<b>Parent's Signature:</b> _____	<b>Date:</b> _____

**THIS APPLICATION FORM WILL NOT BE PROCESSED UNLESS ALL INFORMATION HAS BEEN FILLED IN COMPLETELY**