

# QUALITY SCHOOLS INTERNATIONAL

QSI International School of Bishkek  
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PHOTO

## STUDENT APPLICATION (New Student)

FAMILY NAME: \_\_\_\_\_ EXPECTED DATE OF ENTRY: \_\_\_\_\_

GIVEN NAMES: \_\_\_\_\_ CITIZENSHIP: \_\_\_\_\_ SEX \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_/\_\_\_\_/\_\_\_\_ VERIFICATION: (COPY) Birth Certificate / Passport  
Day Month Year

STUDENT ID NUMBER \_\_\_\_\_ AGE OR CLASS PLACEMENT \_\_\_\_\_  
(QSIB DATA) (QSIB DATA)

LANGUAGE CHOICE: French Russian Kyrgyz Spanish  
SCHOOL HOT LUNCH: \_\_\_\_\_

### PARENT/GUARDIAN INFORMATION:

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
(Title) Father's Name Occupation Company

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
(Title) Mother's Name Occupation Company

PARENT'S ID NUMBER \_\_\_\_\_  
(QSIB DATA)

LOCAL MAILING ADDRESS: \_\_\_\_\_

### Telephone Numbers:

Home: \_\_\_\_\_ Work (Father): \_\_\_\_\_ Work (Mother): \_\_\_\_\_

Mother Mobile: \_\_\_\_\_ Father Mobile: \_\_\_\_\_ Email: \_\_\_\_\_

Driver's name, phone # \_\_\_\_\_ (if applicable)

Nanny's name, phone # \_\_\_\_\_ (if applicable)

May we place your telephone number/email address/mobile phone in our school directory which may be distributed to parents in your child's class?

Yes / No

I give permission to use my child's picture for information articles in the school newsletter and website.

Yes / No

### ORGANIZATION RESPONSIBLE FOR FEES:

\_\_\_\_\_  
(company, government, personal, etc.)

DATE

SIGNATURE

A registration fee of \$ 300 is required for each new student and should accompany the completed application form. This fee is non-refundable.

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## EMERGENCY INSTRUCTIONS

In the event a student is injured or for any other reason needs emergency attention, the following information is required:

NAME OF STUDENT(S) \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**TELEPHONE(S) at which parent may be reached:** OFFICE \_\_\_\_\_  
 HOME \_\_\_\_\_  
 CELL \_\_\_\_\_

If no phone contact is possible, please give an address or instruction to be reached.

\_\_\_\_\_ If unable to reach a parent,  
 indicate other persons to contact with address and phone numbers.

Name \_\_\_\_\_ phone number: \_\_\_\_\_

If emergency medical care is required, do you authorize school authorities to initiate medical care, possibly to include locating a nurse or doctor? \_\_\_**YES**\_\_\_ \_\_\_**NO**\_\_\_

If you have a preference for a doctor or hospital, please indicate below:

\_\_\_\_\_

In an emergency, I authorize school authorities to take any steps necessary to administer medical treatment to my child(ren) in the event one of my child(ren)'s parents are not available at the time.

\_\_\_\_\_  
 (Signature)

# ***STUDENT INFORMATION FORM***

(Quality Schools International)

SCHOOL HISTORY

**NAME OF STUDENT** \_\_\_\_\_

List of schools previously attended: (list last school first)

Level	Name of school	Location	Dates attended

Special interests or hobbies \_\_\_\_\_

Has student been in any special program? Yes \_\_\_\_\_ No \_\_\_\_\_

If Yes, specify:

\_\_\_\_\_

Please attach student's records from previous schools.

If not available, please give full name and address of last school where records can be obtained.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## FAMILY HISTORY:

Parental information:

Complete name	Occupation	Place of employment	Lives with student Yes/ No
Father/Guardian			
Mother/Guardian			

Sibling Information: (brothers and sisters)

Name	Sex M/F	Birthdate	Name	Sex M/F	Birthdate

Additional information on family relationships:

\_\_\_\_\_

## Language Information:

Primary (first) language is \_\_\_\_\_

Language spoken in home \_\_\_\_\_

Secondary language \_\_\_\_\_

Other \_\_\_\_\_

Comments: Any background information pertinent to language development:

HEALTH HISTORY:

Does your child take any medication? Yes \_\_\_\_\_ No \_\_\_\_\_

If Yes, explain \_\_\_\_\_

Does your child have any special needs? Yes \_\_\_\_\_ No \_\_\_\_\_

If Yes, explain \_\_\_\_\_

Has your child received special needs services or tested below proficient on standardized tests? Yes \_\_\_\_\_

No \_\_\_\_\_

If Yes, explain \_\_\_\_\_

Does your child have an allergy? Yes \_\_\_\_\_ No \_\_\_\_\_

If Yes, explain \_\_\_\_\_

Does your child have a health condition that school personnel should know about?

Yes \_\_\_\_\_ No \_\_\_\_\_ If Yes, explain \_\_\_\_\_

\_\_\_\_\_

Immunization Information: Record dates of initial childhood and last immunization:

Diphtheria \_\_\_\_\_

BCG \_\_\_\_\_

Tetanus \_\_\_\_\_

Meningitis \_\_\_\_\_

Pertussis (Whooping Cough) \_\_\_\_\_

Typhoid Fever \_\_\_\_\_

Polio \_\_\_\_\_

Rabies \_\_\_\_\_

Measles \_\_\_\_\_

Hemophilus Influenza \_\_\_\_\_

Mumps \_\_\_\_\_

Hepatitis B \_\_\_\_\_

Rubella \_\_\_\_\_

Hepatitis A \_\_\_\_\_

Yellow Fever \_\_\_\_\_

Others \_\_\_\_\_

Developmental Information:

Were there any complications in the pre-natal, delivery, or post-natal periods?

Yes \_\_\_\_\_ No \_\_\_\_\_ If Yes, explain \_\_\_\_\_

\_\_\_\_\_

Any present or past sleeping or eating problems? Yes \_\_\_\_\_ No \_\_\_\_\_

If Yes, explain \_\_\_\_\_

\_\_\_\_\_

Please check the following items where appropriate and give date of occurrence:

Broken bones \_\_\_\_\_

Allergies \_\_\_\_\_

Hospitalizations/operations \_\_\_\_\_

Seizure \_\_\_\_\_

Intestinal problems \_\_\_\_\_

Hearing \_\_\_\_\_

Hay-fever \_\_\_\_\_

Vision (corrective lenses) \_\_\_\_\_

High temperatures \_\_\_\_\_

Other \_\_\_\_\_

If any of the above items are checked, please give additional details.

\_\_\_\_\_

*List of items required at the school for incoming students:*

1. Graph notebooks (10)
2. Lined notebooks (10)
3. Pencils (5)
4. Pens (5)
5. Colored pencils (a set)
6. Eraser (2)
7. Indoor shoes (for elementary students)
8. Change of clothes (for students age 5-7)
- 9. Water bottle**

\*\*\*Items 1- 6 will need to be replaced with new ones as the school year goes on