



## APPLICATION FORM

### Student Information:

Last Name: _____	Expected Date of Entry: _____
First Name: _____	Citizenship: _____
Middle Name: _____	
Date of Birth: _____ / _____ / _____ <small style="text-align: center;">Day                  Month                  Year</small>	Gender:                  M                  F
Student Lives with:                  mother                  father                  grandparent                  other: _____	<i>please specify</i>
<b>Returning Student:</b> YES                  NO	
<b>Transferring from another QSI School:</b> YES                  NO	<i>If yes, please indicate the school name</i>

### Contact information in Kazakhstan:

Home Telephone: _____	
Complete Home Address: _____	
Preferred E-mail for School Communication: _____	

### Family Information:

Father's Full Name: _____ Employer: _____ Position/Function: _____ Mobile Phone Number: _____ E-Mail : _____ Citizenship: _____ Languages spoken: _____	Mother's Full Name: _____ Employer: _____ Position/Function: _____ Mobile Phone Number: _____ E-Mail : _____ Citizenship: _____ Languages spoken: _____
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### Siblings:

Date of birth	Name	Gender

Party responsible for paying the tuition fees:                  *Personal*                  *Organization* \_\_\_\_\_

**School History**

Please list previous three schools attended including partial years, if applicable: (start with the last school)

Levels attended		Name of School
<i>Check all that apply</i>		
Pre-School	6th Grade	<b>Location (city &amp; country)</b>
Kindergarten	7th Grade	
1st Grade	8th Grade	<b>Dates attended (month/year - month/year)</b>
2nd Grade	9th Grade	
3rd Grade	10th Grade	
4th Grade	11th Grade	
5th Grade	12th Grade	

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3rd Grade	10th Grade	
4th Grade	11th Grade	
5th Grade	12th Grade	

**Where has your child previously lived?** (start with the most recent)

Country	City	Duration
		years
		years
		years
		years

**Languages**

Mother tongue (first language)	
Language(s) spoken at home	
Secondary language	
Other:	

**Learning support**

Has your child received any special learning support? (please check all that apply)

No      Intensive English(ESL)      Special Educational Support      Other:

Details:
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Has your child been dismissed or asked to withdraw from another school?

Yes      No

If yes please provide details

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**Health History:**

<b>Does your child take any medication on a regular basis?</b>	Yes	No
<i>If yes, please contact medical office and provide details below:</i>		
<b>Does your child have a health condition that school personnel should be aware (illness, food allergies, injuries)?</b>	Yes	No
<i>If yes, please provide details below. Upon arrival, please notify the medical office.</i>		

**Emergency Instructions:**

<b>Emergency Contact Information:</b>
<i>List relatives or friends who can be contacted in the event that parents are not available</i>
Name: _____
Relation: _____
Home Phone #: _____ Work Phone #: _____ Mobile Phone #: _____
<b>Alternative Emergency Contact Information:</b>
<b>Driver/Nanny Information:</b>
Name: _____
Mobile number: _____ Car-number: _____ License number: _____
<b>If you have a preference for a doctor or hospital, please indicate below:</b>
Hospital: _____ Contact Phone#: _____
Physician Name: _____ Contact Phone#: _____
I hereby agree in case of emergency for the school to administer first aid care to the child indicated on this application.
Yes No
<b>In an emergency, the school is required to call for an ambulance. Please indicate which of the following you prefer:</b>
I authorize the school to call for a local state ambulance (phone #103)
Please do not call for a local state ambulance, but contact the following facility
Name of facility: _____
Contact phone number : _____
<i>In case the above mentioned alternative medical facility refuses to accept your child regardless of the reason school reserves the right to call for a local state ambulance.</i>

In an emergency, I hereby authorize school authorities to take any steps necessary to administer medical treatment to my child according to the Emergency Instructions provided by me in this application.

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Full Name Signature Date

