



QUALITY SCHOOLS INTERNATIONAL

INTERNATIONAL SCHOOL OF DUSHANBE

85 Sovetskaya Street, Dushanbe, Tajikistan 734001

Tel: (+99237) 2248559/60

Email: dushanbe@qsi.org Website: www.qsi.org



PHOTO
(if filling in electronic form
please insert the picture
here)

APPLICATION FORM

Student Information:

Last Name: _____ Expected Date of Entry: _____ / _____ / _____
Day Month (in words) Year

First Name: _____ Citizenship: _____

Middle Name: _____

Date of Birth: _____ / _____ / _____
Day Month (in words) Year Gender: F M

Student Lives with: mother father grandparent other: _____
please specify

Returning Student: YES NO

Transferring from another QSI School: YES NO
If yes, please indicate the school name

Contact information in Tajikistan:

Home Telephone: _____

Complete Home Address: _____

Preferred E-mail for School Communication: _____

Family Information:

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

Siblings:

Date of birth	Name	Gender

Party responsible for paying the tuition fees: Personal Organization _____

School Bus required YES NO Specify: Morning Afternoon Both

School Lunch required YES NO

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>	
<input type="checkbox"/> Pre-School <input type="checkbox"/> 6th Grade <input type="checkbox"/> Kindergarten <input type="checkbox"/> 7th Grade <input type="checkbox"/> 1st Grade <input type="checkbox"/> 8th Grade <input type="checkbox"/> 2nd Grade <input type="checkbox"/> 9th Grade <input type="checkbox"/> 3rd Grade <input type="checkbox"/> 10th Grade <input type="checkbox"/> 4th Grade <input type="checkbox"/> 11th Grade <input type="checkbox"/> 5th Grade <input type="checkbox"/> 12th Grade	Location (city & country)
	Dates attended (month/year - month/year)

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

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

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

Country	City	Duration
		years
		years
		years
		years

Languages

Native language (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:

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

- Yes
 No

If yes please provide details

Health History:

Does your child take any medication on a regular basis?	<input type="radio"/> Yes	<input type="radio"/> No
<i>If yes, please contact medical office and provide details below:</i>		
Does your child have a serious health condition(illness, food allergies, injuries)?	<input type="radio"/> Yes	<input type="radio"/> No
<i>If yes, please provide details below. Upon arrival, please notify the medical office.</i>		

Emergency Instructions:

Emergency Contact Information:
<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 #: _____
Alternative Emergency Contact Information:
Driver/Nanny Information:
Name: _____
Mobile number: _____ Car number: _____ License number: _____
If you have a preference for a doctor or hospital, please indicate below:
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.
<input type="radio"/> Yes <input type="radio"/> No
In an emergency, the school is required to call for an ambulance. Please indicate which of the following you prefer:
I authorize the school to call for a local 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 the school reserves the right to call for a local 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

