

QSI International School of Suriname

STUDENT APPLICATION

Please attach
recent photo:

FAMILY NAME: _____

GIVEN NAMES: _____

DATE OF BIRTH: ____/____/____ CITIZENSHIP: _____
DAY MONTH YEAR

VERIFICATION: (COPY) Birth Certificate / Passport

NAME OF PARENT / GUARDIAN:

_____/_____/_____
Parent's Name Occupation Company

_____/_____/_____
Parent's Name Occupation Company

LOCAL MAILING ADDRESS: _____

EXPECTED DATE OF ENTRY: _____

CONTACTS:

TEL: Home _____ Work (Father) _____ Work (Mother) _____

Mobile Telephone: _____ E-mail _____

May we place your telephone number in our school directory distributed to parents?(circle)

Yes / No

ORGANIZATION RESPONSIBLE FOR FEES: _____
(company, government, personal, etc.)

DATE

SIGNATURE

STUDENT INFORMATION FORM

SCHOOL HISTORY Name of student _____

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

Name of school	Location	Dates attended
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_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

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:

Parents/ Guardians	Occupation	Place of employment	Lives with student Yes/No
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_____	_____	_____	_____
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Sibling Information: (brothers and sisters)

Name	Sex M/F	Date of Birth
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_____	_____	_____
_____	_____	_____

Language Information:

Primary (first) language is: _____

Language(s) spoken in home: _____

Secondary language(s): _____

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 a health condition that school personnel should know about?

Yes _____ No _____ If Yes, explain _____

Immunization Information: Record dates of 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 _____ TB skin test _____

Mantoux _____

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 _____

Asthma _____

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

QSI INTERNATIONAL SCHOOL SURINAME

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 _____

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

If emergency medical care is required, do you authorize school 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)

I give my permission for my child to be photographed for school promotional materials and websites

Yes _____ No _____

I give my permission for my child to leave campus for physical education programs and field trips.

Yes _____ No _____