

# QUALITY SCHOOLS INTERNATIONAL

QSI International School of Bishkek  
14-A Tynystanova Street, Bishkek, Kyrgyzstan  
Tel: (+996-312) 56-31-39, 56-31-42  
Email: [bishkek@qsi.org](mailto:bishkek@qsi.org)  
Homepage: <http://www.qsi.org/bishkek>

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  
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, Instagram, Facebook and school 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.

**QUALITY SCHOOLS INTERNATIONAL**

**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.

\_\_\_\_\_