



QUALITY SCHOOLS INTERNATIONAL

INTERNATIONAL SCHOOL OF ASTANA

Bayan Sulu St 17, Nur-Sultan 010000

Tel: 8 (7172)-277-762

Email: astana@qsi.org

Website: www.qsi.org

APPLICATION FORM

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

Student Information:

Last Name: _____	Expected Date of Entry: _____ / _____ / _____
First Name: _____	Day Month (in words) Year
Middle Name: _____	Citizenship: _____
Date of Birth: _____ / _____ / _____	Gender: <input type="radio"/> F <input type="radio"/> M
Day Month (in words) Year	
Student Lives with: <input type="checkbox"/> mother <input type="checkbox"/> father <input type="checkbox"/> grandparent <input type="checkbox"/> other: _____	_____
	please specify
Returning Student: <input type="radio"/> YES <input type="radio"/> NO	
Transferring from another QSI School: <input type="radio"/> YES <input type="radio"/> NO	
	If yes, please indicate the school name

Contact information in Kazakhstan:

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

Family Information:

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

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 <i>Check all that apply</i>	Name of School
<input type="checkbox"/> Pre-School <input type="checkbox"/> 6th Grade	
<input type="checkbox"/> Kindergarten <input type="checkbox"/> 7th Grade	Location (city & country)
<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	Dates attended (month/year - month/year)
<input type="checkbox"/> 4th Grade <input type="checkbox"/> 11th Grade	
<input type="checkbox"/> 5th Grade <input type="checkbox"/> 12th Grade	

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<input type="checkbox"/> 4th Grade <input type="checkbox"/> 11th Grade	
<input type="checkbox"/> 5th Grade <input type="checkbox"/> 12th Grade	

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:

Does your child have an IEP, 504 Plan, educational psychological assessment, or other individualized support plan?

☐

Yes

☐

No

If yes please provide 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?

☐

Yes

☐

No

If yes, please contact medical office and provide details below:

Does your child have a serious health condition(illness, food allergies, injuries)?

☐

Yes

☐

No

If yes, please provide details below. Upon arrival, please notify the medical office.

Emergency Instructions:

Emergency Contact Information:

List relatives or friends who can be contacted in the event that parents are not available

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.

☐

Yes

☐

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 : _____

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.

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

A non-refundable application fee in the amount of \$300 is due and payable for each new student at the time of assessment test. Please note that the application is not considered complete – and therefore the testing process may not begin – until payment of the application fee is received.

	Date of receipt:	Received by, Signature:
Passport size picture		
Copy of Passport		
Copy of School Records (<i>from the last school enrolled</i>)		
Copy of Secondary transcript (<i>for students 14 y.o. and older</i>)		
Copy of Birth Certificate (<i>if no passport</i>)		
Health passport*		

Authorization:

☐ Yes ☐ No I authorize the school to publish my child's picture on the Internet using his/her first name only

☐ Yes ☐ No I authorize the school to share my child's file and/or work results with other potential school (for school(s) transition purposes)

_____/_____/_____
Full Name *Signature* *Date*