



# QUALITY SCHOOLS INTERNATIONAL

## INTERNATIONAL SCHOOL OF DUSHANBE

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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:

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 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)

<b>Levels attended</b>	<b>Name of School</b>
<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	
	<b>Location (city &amp; country)</b>
	<b>Dates attended (month/year - month/year)</b>

<b>Levels attended</b>	<b>Name of School</b>
<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	
	<b>Location (city &amp; country)</b>
	<b>Dates attended (month/year - month/year)</b>

<b>Levels attended</b>	<b>Name of School</b>
<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	
	<b>Location (city &amp; country)</b>
	<b>Dates attended (month/year - month/year)</b>

**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:
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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>	<input type="radio"/> Yes	<input type="radio"/> No
<i>If yes, please contact medical office and provide details below:</i>		
<b>Does your child have a serious health condition(illness, food allergies, injuries)?</b>	<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:**

<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.
<input type="radio"/> Yes <input type="radio"/> 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 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

**ATTENTION!**

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.

**The following documents are required for enrollment:**

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

**Authorization:**

By signing below, I hereby attest that:

All information on this application is accurate to the best of my knowledge.

I received, read and accepted the terms and conditions of all school policies outlined in the school Parent/Student Handbook.

I received, read and accepted the student acceptable use policy (AUP).

I agree that the child , who is indicated on this application for whom I am the parent or legal guardian, is admitted under the above mentioned policies as well as all Quality Schools International policies included in the Information Packet.

I understand that, if my child is absent from school for more than 4 weeks without notification, he/she will be withdrawn. Once withdrawn, the school reserves the right to refuse re-admittance.

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