



QUALITY SCHOOLS INTERNATIONAL

QSI International School of Münster

Lettisches Centrum Münster, Salzmannstraße 152, 48159 Münster

Phone: +49 251 38349446

E-Mail Address: munster@qsi.org

STUDENT APPLICATION

(New Student)

FAMILY NAME: _____ EXPECTED DATE OF ENTRY: _____
 GIVEN NAMES: _____ GENDER: _____
 CITIZENSHIP: _____ DATE OF BIRTH: _____

NAME OF PARENT / GUARDIAN:

PARENT: _____	PARENT: _____
OCCUPATION: _____	OCCUPATION: _____
COMPANY: _____	COMPANY: _____

LOCAL MAILING ADDRESS: _____

HOME PHONE: _____

CONTACTS:

PARENT WORK NUMBER: _____	PARENT WORK PHONE: _____
MOBILE PHONE: _____	MOBILE PHONE: _____
E-MAIL: _____	E-MAIL: _____

May we place your contact information in our school directory distributed to parents? **Y** or **N**

Please circle your choice for these permissions (Y is necessary for admission)

Permission to measure, record, gather, preserve and transfer student data using the **MAP** assessment. **Y** or **N**
 The school has permission to contact my child's or children's past educational institution to request school reports.
Y or **N**

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

DATE: _____

SIGNATURE: _____



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STUDENT INFORMATION

Student's full name _____

SCHOOL HISTORY

Previous schools attended (list last school first)

Level	Name of school	Location	Dates Attended

Special interest or hobbies _____

Has student been in any special program?

If Yes, specify

If student's records from previous schools not available, please give full name and address of last school where records can be obtained.

FAMILY HISTORY

Parents

Complete name	Occupation	Place of employment	Lives with student?
Parent/Guardian			
Parent/Guardian			

Siblings

Name	Gender	Birth date	Name	Gender	Birth date

Additional information on family relationships the school should know:



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Languages:

Primary (first) language _____

Language spoken at home _____

Secondary language _____

Other _____

List any background information pertinent to language development

HEALTH HISTORY

Does your child have any health condition(s) that school personnel should know about, such as:

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

Immunizations:

Diphtheria		BCG	
Tetanus		Meningitis	
Pertussis (Whooping Cough)		Typhoid Fever	
Polio		Rabies	
Measles		Hemophilus Influenza	
Mumps		Hepatitis B	
Rubella		Hepatitis A	
Yellow Fever		Others	

Development:

Please check the following items where appropriate and give date of occurrence