

QSI



QSI INTERNATIONAL
SCHOOL OF DILI

Admission Checklist for New Students
Quality Schools International, Dili



_____ Student's Family Name

_____ First Name



_____ Student Application



_____ School and Family Information,



_____ Health History



_____ Emergency Information



_____ Transcripts or Previous Report Cards

Welcome to the home of the Dili Crocs!



Student Application

Expected Date of Entry: _____

(Please Print)

Family Name: _____

Given Names: _____

Date of Birth: ____ / ____ / ____ Sex: ____

Day Month Year

Citizenship: _____

Parents or Guardians:

Father's Name: _____ Company: _____

Father's Occupation: _____ Mobile: _____

Father's Work Phone: _____ Email: _____

Mother's Name: _____ Company: _____

Mother's Occupation: _____ Mobile: _____

Mother's Work Phone: _____ Email: _____

Local Address: _____

May we place your telephone numbers in our school directory that is distributed only to QSID parents? Yes _____ No _____

Responsibility for fees: Personal ____ Company/Organization ____



A non-refundable registration fee of \$300 is required for each new student and should accompany the completed registration form.

School and Family Information



SCHOOL HISTORY

List the school your child has previously attended: (most recent first)

Grade/Level	Name of School	Location	Dates Attended

Has your child been in any special programs? Yes ___ No ___ If yes, please give details.

Sibling Information

Name	Sex	Date of Birth day/month/year

Additional Family Information that would be helpful for us to know:

Language Information

Primary (first) Language	
Language spoken at home	
Second Language	
Other:	

Health History



Please submit a copy of your child's immunization records or the **dates** of their last immunizations below.

Diphtheria		BCG	
Pertussis		Meningitis	
Tetanus		Typhoid Fever	
Polio		Rabies	
Measles		Influenza	
Mumps		Hepatitis A	
Rubella		Hepatitis B	
Yellow Fever		Other	

DEVELOPMENTAL HISTORY

Were there any complications in the pre-natal, delivery, or post-natal periods?
 Yes _____ No _____ If yes, please explain: _____

When did your child walk? _____ months old

Your child's first word? _____ at _____ months old

Your child was toilet trained at what age? _____ years old

MEDICAL HISTORY

Does your child have a health condition that the school should be aware of?
 Yes _____ No _____ If yes, please explain: _____

Does your child take medication for this condition, or for any other reason?
 Yes _____ No _____ If yes, please explain: _____

Will you be sending this medication to school for use when needed?

Yes _____ No _____ If yes, please attach instructions and place medication in a sealed bag with your child's name on the bag. This will be kept in the office.

Please list the date of occurrence or check ailments that are appropriate.

Broken Bones		Allergies	
Surgery		Hay fever	
Hearing loss		Other	
Vision		Other	

Emergency Instructions

In the event that your child is injured or for any reason needs emergency medication attention, the following information is required:

Emergency Contact: QSID will only contact this person if we are unable to contact the parents. This person should know your family and should be able to act on your behalf until you can be contacted.

Name: _____ Mobile: _____

Relationship: _____ Alternative #: _____
Secondary contact:

Name: _____ Mobile: _____

Relationship: _____ Alternative #: _____

If emergency medical care is required, do you authorize QSID to initiate medical care, possibly include locating a nurse, doctor, or transporting your child to a medical facility?

Yes _____ No _____

If yes, medical facility preference: _____

Phone Number of facility: _____

Preferred Doctor: _____

Phone Number of Doctor: _____

In an emergency, I authorize QSID to take any steps necessary to administer medical treatment to my child/ren in the event parents are not available to be contacted at the time.

Signature: _____ Date: _____