

QSI INTERNATIONAL SCHOOL OF ATYRAU

STUDENT INFORMATION FORM

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 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.

