Student Application

☐ Serious Medical Issue! See Page Four.

QUALITY SCHOOLS INTERNATIONAL

BAKU INTERNATIONAL SCHOOL
Darnagul Qasabasi, Str.Ajami Nakhchivani, Block 3097
Baku, Azerbaijan, AZ1108

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Email: lisa-haberman@baku.qsi.org WebSite: https://baku.qsi.org
Director: Mrs. Lisa Haberman

Digital Picture

will-be-taken by the school

Family Name: _____ Expected Date of Entry: _____

Given Names: _____ Citizenship: _____

Date of Birth: _____ / _____ / _____ Verification (copy): ☐ Birth Certificate ☐ Passport
Day Month Year
☐ Travel Document

Parental/Guardian Information:

Father's Name: _____ Occupation: _____

Company: _____ E-Mail Address: _____

Home Phone Number: _____ Work Phone Number: _____

Mobile Phone Number: _____ Address: _____

Mother's Name: _____ Occupation: _____

Company: _____ E-Mail Address: _____

Home Phone Number: _____ Work Phone Number: _____

Mobile Phone Number: _____ Address: _____

Please list the email addresses you would like to use _____

for school communication. _____

Choice of Foreign Language: ☐ Russian ☐ French
(Students 6 yrs. old and older)

Organization Responsible for Fees: _____

☐ Company ☐ personal ☐ government ☐ Other: _____

Additional payment directions, provisions, or concerns:

_____

_____

_____

Preschool only: ☐ Half day ☐ Full day

School History: List previous <u>three</u> schools attended including partial years, if applicable: (*last school first*)

Levels Attended (*check all that apply*)		**Name of School**
☐ Pre-Kindergarten		
☐ Kindergarten		
☐ 1st Grade	☐ 7th Grade	**Location** (*city & country*)
☐ 2nd Grade	☐ 8th Grade	
☐ 3rd Grade	☐ 9th Grade	
☐ 4th Grade	☐ 10th Grade	**Dates attended** (*month/year – month/year*)
☐ 5th Grade	☐ 11th Grade	
☐ 6th Grade	☐ 12th Grade	

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Strengths and Challenges:

This student…

☐ has been identified gifted or talented.
☐ attended a gifted or talented program.
☐ has been an honor student.
☐ is an accelerated reader.
☐ is athletic by nature.

***Excels** in the following subjects*:
☐ all subjects
☐ Mathematics
☐ Language Arts
☐ Reading
☐ Science
☐ Cultural Studies
☐ Art
☐ Music
☐ Physical Education

☐ has a long attention span.
☐ is highly focused.
☐ is competitive.

☐ has been identified ADHD.
☐ has been identified ADD.
☐ has been diagnosed dyslexic.
☐ has been diagnosed having Asperger's Syndrome.
☐ is autistic.

***Struggles** in the following subjects:*
☐ all subjects
☐ Mathematics
☐ Language Arts
☐ Reading
☐ Science
☐ Cultural Studies
☐ Art
☐ Music
☐ Physical Education

☐ tends to have a short attention span.
☐ has been expelled from a school.
☐ has been removed from a program for behavioral issues.

Please expound below on any items marked:

____

____

____

Parental information:

	Name of Parent/Guardian
☐ Parent ☐ Guardian	
Lives with Student	**Occupation**
☐ Yes ☐ No	

	Name of Parent/Guardian
☐ Parent ☐ Guardian	
Lives with Student	**Occupation**
☐ Yes ☐ No	

Sibling information:

Sex		Name of Sibling
☐ Male	☐ Female	
Age		
☐ 0-2 years ☐ 3-5 years ☐ 6-9 years	☐ 10-13 years ☐ 14-19 years ☐ Adult	

Sex		Name of Sibling
☐ Male	☐ Female	
Age		
☐ 0-2 years ☐ 3-5 years ☐ 6-9 years	☐ 10-13 years ☐ 14-19 years ☐ Adult	

Sex		Name of Sibling
☐ Male	☐ Female	
Age		
☐ 0-2 years ☐ 3-5 years ☐ 6-9 years	☐ 10-13 years ☐ 14-19 years ☐ Adult	

Sex		Name of Sibling
☐ Male	☐ Female	
Age		
☐ 0-2 years ☐ 3-5 years ☐ 6-9 years	☐ 10-13 years ☐ 14-19 years ☐ Adult	

Language Information:

Primary (first) language is: ______________________________ Language spoken in home: ________________________________

Secondary language: ___________________________________ Other: ____

Any background information pertinent to language development: ____

____

Please expound upon activities or sports that are of particular interest to this student:

____

____

____

Student Health History

	Yes	No	For "Yes" answers, please explain here.
1) Does your child have any allergies (medications, foods, insects, or to other substances such as latex, tape, certain chemicals)? If yes, please list allergy, type of reaction, and treatment required for each allergy.	☐	☐	
2) Does your child have any chronic health problems, such as asthma, seasonal allergies, seizures, diabetes, anemia, attention deficit disorder, or others? If yes, please explain when your child was diagnosed with this health problem(s) and how it is currently treated.	☐	☐	
3) Did your child experience any complications in the pre-natal, delivery, or post-natal periods? If yes, please explain.	☐	☐	
4) Does your child have any past or present sleeping or eating problems?If yes, please explain.	☐	☐	
5) Does your child have any other current or pastdevelopmental, emotional, behavioral or psychiatric conditions that may affect his or her school and extracurricular activities? If yes, please explain.	☐	☐	
6) Does your child have any current or suspected problems with vision, hearing, or speech (glasses, contacts, hearing aids, lisp, etc)?If yes, please list these and current types of treatment for each problem.	☐	☐	
7) Does your child have any implanted medical devices, such as a cochlear implant, rod or pin in a bone, artificial joint, or other? If yes, please explain.	☐	☐	

	Yes	No	For "Yes" answers, please explain here.
8) Does your child have any current dental issues? Does your child have any dental appliances, such as braces, retainers, or bridges? If yes, please explain.	☐	☐	
9) Do you know, with absolute certainty, your child's blood type? If yes, please note.	☐	☐	
10) Family history: Does your child have any blood relatives who experienced a sudden, unexplained death before reaching 50 years old?	☐	☐	
11) Does your child have any immediate family members (mother, father, sibling) with elevated cholesterol or heart disease?	☐	☐	

12) Please place a check/tick next to any health problems your child has experienced:

	☑		☑
Hospital or emergency room visit in past year	☐	Problems with breathing or coughing	☐
Broken bone/dislocation	☐	Chest pain	☐
Back injury or problem	☐	Heart problems	☐
Muscle/joint injury	☐	High blood pressure	☐
Trouble running	☐	Bleeding—more than expected	☐
Concussion	☐	Excessive weight gain or loss	☐
Constipation/intestinal problems	☐	History of one kidney or one testicle	☐
Fainting/dizzy spell/passing out	☐	Other:	☐

For any checked items, please explain:

_____

_____

_____

13) Immunizations-- Please record dates of immunization administration for each vaccineor attach a copy of your child's most recent immunization records:

Diptheria_____
Tetanus_____
Pertussis (whooping cough)_____
Polio_____
Measles_____
Mumps_____
Rubella_____
Haemophilus Influenza (Hib)_____
Hepatitis A_____
Hepatitis B_____
Varicella(chicken pox)_____
Meningitis_____
Human papilloma virus (HPV)_____
BCG(tuberculosis)_____
Typhoid fever _____
Rabies_____
Yellow fever_____
Influenza_____
Others _____

14) Has your child had any of the following illnesses?

	Yes	No	Date
Measles	☐	☐	
Mumps	☐	☐	
Rubella	☐	☐	
Chicken pox	☐	☐	
Malaria	☐	☐	
Tuberculosis	☐	☐	
Other:	☐	☐	

15)Does your child have any medications (prescription or over-the-counter) that will need to be taken routinely while at school? If yes, you will need to complete a medication administration form provided by the school. Please list the medications:

_____

(If your child will need to take medications temporarily during the school day like antibiotics, steroids, or over-the-counter medicines, BIS asks that medications be brought by the parent to the school health office for administration. A medication administration form may be completed at that time.)

16) Our health office keeps certain medications on hand. **Please indicate below which medications may be administered to your child on an "as needed" basis**. You will be notified via written note of all school medicines provided to your child.

	☑
Acetaminophen("Tylenol", "Paracetamol", "Panadol", "Calpol")for pain or fever	☐
Ibuprofen ("Nurofen", "Motrin")for pain, inflammation	☐
Antihistamine for allergic reaction, hives (diphenhydramine, "Claritin", "Benadryl")	☐
Normal Saline (wound irrigant, eye irrigant)	☐
Topical hydrocortisone for insect bites, itching, rash ("cortisone")	☐
Betadine for cleansing of wounds	☐
Aquaphorfor cracked/chapped lips	☐
Burn ointment/gel	☐
Throat lozenges (strepsils)for sore throat	☐
Antibiotic ointment for scrapes and cuts	☐
NO MEDICINES TO BE GIVEN TO CHILD	☐

17) Do you have any specific health or wellness concerns for your child that you would like to discuss with the BIS school nurse?

_____

_____

18) BIS policy is to send all children with urgent or life-threatening issues to the Mediclub Clinic, in Baku. If you have a preference for a different doctor/clinic/hospital, please indicate name, address, and phone number below:

_____

_____

19) If emergency medical care is required, do you authorize school authorities to initiate medical care that may include locating a doctor/nurse or transporting your child to a medical facility for treatment? Please circle: YES or NO

_____ _____ _____
(printedparent/legal guardian name) (signature) (date)

20) Parent/Guardian contact information:

_____ _____/_____
(mother/guardian name) (mobile) (other)

_____ _____/_____
(father/guardian name) (mobile) (other)

21) Please provide contact information for two LOCAL individuals that the BIS school nurse can telephone, if unable to reach either parent/guardian.

_____ _____/_____
(name) (mobile) (other)

_____ _____/_____
(name) (mobile) (other)

Note: A non-reimbursable one-time registration fee of $300 is required for each new student.