QSI International School of Guyana
Student Application
Please return this to the office with a copy of passport signature page

Attach
Passport Style
Photo

FAMILY INFORMATION

Student's Family Name:_____

Student's Given Names:_____

Date of Birth (DD/MM/YY): _____   Citizenship:_____

Native Language:_____

Language(s) Spoken at Home:_____

Parent/Guardian Family Name:_____   Given Name:_____
                                                            Mr. / Ms.

Email Address:_____   Phone:_____

Occupation:_____   Employer:_____

Parent/Guardian Family Name:_____   Given Name:_____
                                                            Mr./Ms.

Email Address:_____   Phone:_____

Occupation:_____   Employer:_____

Local Address for Student:_____

Organization Responsible for Fees (if applicable):_____

SCHOOL HISTORY

Name of School	Location	Dates Attended

Please describe any special programs / learning plans:_____

_____

_____

STUDENT HEALTH

Medications Taken Regularly:_____

_____

Does your child have any health conditions the school should know about? _____

_____

_____

Indicate whether your child is current on any of the following immunizations / vaccinations by placing a check (yes) or leaving blank (no) the box next to each:

	Diptheria		BCG		Tetanus		Meningitis
	Pertussis		Typhoid		Polio		Rabies
	Measles		Hemophilus		Mumps		Hepatitis B
	Rubella		Hepatitis A		Yellow Fever		TB Skin Test
	Matoux		COVID				

Indicate whether any of the below are applicable to your child and provide additional information.

Allergies	
Seizures	
Hearing Impairments	
Vision Impairments	
Asthma or Respiratory	

EMERGENCIES

In the event of an emergency, the school will reach the parents/guardians using the contact information provided on this form. If the school cannot contact either parent, who else may we attempt to contact?

_____

Name   Relationship   Contact

In the unlikely event that your child requires immediate medical attention, please indicate a preferred doctor or hospital. Leave blank if you have no preference.

_____

Name of Doctor / Hospital   Local Address   Phone

SIGNATURES

"All of the information given in this application is true and complete to the best of my knowledge. I understand that submission of this application is a step in the enrollment process. I will be notified of an admissions decision at the completion of the admissions process as described below."

_____

Signature of Parent/Guardian   Date

Admissions Process

□ (1) Information Booklet and other application materials sent to parent. (Admissions Coordinator)
□ (2) Application form (this form) completed and submitted by parent/guardian along with passport copies. (Admissions Coordinator)
□ (3) Invoice sent to parents when first day of school is known. (Accountant)
□ (4) QMS data entry (Admissions Coordinator)
□ (5) MAP data entry (Admissions Coordinator)

□ (6) Placement decisions communicated to parent along with admissions decision. (Director)
□ (7) Microsoft account created. (IT)
□ (8) Accounts created for online textbooks (IT)
□ (9) Online books and physical books made available. (Teachers)
□ (10) Registration fee paid (300 USD) prior to the child's first day of school. (Admissions Coordinator)

OFFICE USE ONLY

Placement Test Date:_____   Time:_____

Reading:_____   Math:_____

Placement

Homeroom:_____Math:_____Reading:_____