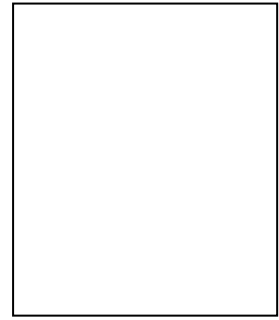




Miras Pre-School

APPLICATION FORM

(Please, fill in all the sections of this form)



C H I L D	General information	
	Full name: _____	
	Name, surname in English _____	
	Date of birth: day « ____ » month _____ year _____	
	Sex: Male Female	
	Nationality: _____	
Citizenship _____		
Proposed age group: _____		
Language of communication: Kazakh Russian		
(underline as appropriate)		

Information about parents*	FATHER	Full name _____ Nationality: _____ Citizenship _____ Place of work: _____ Position: _____ Office phone number: _____ Mob.: _____ Home address: _____ tel.: _____ E-mail _____
	MOTHER	Full name _____ Nationality: _____ Citizenship _____ Place of work: _____ Position: _____ Office phone number: _____ Mob.: _____ Home address: _____ tel.: _____ E-mail _____

**It is necessary to provide copies of each parent's ID card or passport*

The child's position in family: (please, encircle)		1 st child	2 nd child	3 rd child	4 th child
FAMILY	Information about other children in the family Names:				
	Dates of birth:				
	Places of study:				

Please turn over

MEDICAL INFORMATION	1. Does your child have any chronic diseases? (strictly according to medical assessment)	Yes	No

	2. Does your child have any allergies? (if yes, please provide medical assessment and doctor's recommendations)	Yes	No

	3. Does your child need to take medicine regularly? (if yes, please, provide physician's prescription)	Yes	No

4. Does your child need dietic nutrition? (if yes, please, provide physician's prescription)	Yes	No	

5. Does your child have any physical defects? (if yes, please, give detailed information)	Yes	No	

<p><i>Note: It is necessary to present originals of the Health Passport and Vaccination Card for admission.</i></p>			

ADDITIONAL INFORMATION	a) Other important information: _____ _____ _____ _____
	b) Persons (not less than 2) whom the Pre-School may contact when necessary father /mother/baby-sitter (phone number): _____ _____
	c) * Family representative(s) / authorized persons who have the right to pick up your child from the Pre-school _____ <div style="display: flex; justify-content: space-around;"> (full name) (contact phone) </div>
	c)* it is necessary to present copy of ID card of indicated representative
d) From what sources you have known about our Pre-School? _____ <p style="text-align: center;"><u><i>Note for parents</i></u></p> <p><i>The duties include obligatory informing about the presence of the child any diseases, which require permanent medication intakes, may be dangerous to other children or have negative influence on educational process both to the child and for other children. In case of concealing of true information, school retains the right to terminate Agreement for upbringing on a unilateral basis.</i></p> <p>Parents or guardian's signature: _____ Date: _____</p> <p>*****</p> <p><i>Please, remember that the following documents are necessary for admission:</i></p> <ol style="list-style-type: none"> 1. Copy of child's birth certificate/passport 2. Copy of each parent's passport or ID card 3. Health passport (original) 4. 2 photos 3x4 size. 	

Child's full name: _____

INTERVIEW	Interview with the school doctor was held	Yes	No
	<u>Doctor's conclusion:</u>		
	_____	_____	
	<i>Doctor's signature</i>	<i>Date</i>	
	Interview with the psychologist was held	Yes	No
	<u>Psychologist's conclusion:</u>		
_____	_____		
<i>Psychologist's signature</i>	<i>Date</i>		
Interview with the speech therapist was held	Yes	No	
<u>Speech therapist's conclusion:</u>			
_____	_____		
<i>Speech therapist's signature</i>	<i>Date</i>		

Reasoned opinion (filling in by Pre-school education coordinator):

Pre-school coordinator's signature: _____ **Date of filling out:** _____