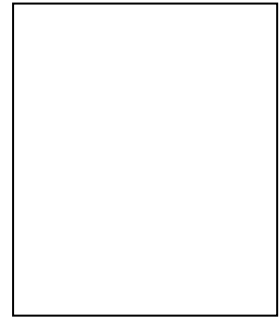




## Miras Pre-School

### APPLICATION FORM

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



<b>C</b> <b>H</b> <b>I</b> <b>L</b> <b>D</b>	<b>General information</b>	
	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)		

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

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

*Please turn over*

**MEDICAL INFORMATION**

- 1. Does your child have any chronic diseases? Yes      No  
(strictly according to medical assessment)  
\_\_\_\_\_
- 2. Does your child have any allergies? Yes      No  
(if yes, please provide medical assessment and doctor's recommendations)  
\_\_\_\_\_
- 3. Does your child need to take medicine regularly? Yes      No  
(if yes, please, provide physician's prescription)  
\_\_\_\_\_
- 4. Does your child need dietic nutrition? Yes      No  
(if yes, please, provide physician's prescription )  
\_\_\_\_\_
- 5. Does your child have any physical defects? Yes      No  
(if yes, please, give detailed information)  
\_\_\_\_\_

*Note: It is necessary to present originals of the Health Passport and Vaccination Card for admission.*

**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 \_\_\_\_\_ (full name) \_\_\_\_\_ (contact phone)
- c)\* it is necessary to present copy of ID card of indicated representative

d) From what sources you have known about our Pre-School?  
\_\_\_\_\_

*Note for parents*  
*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.*

**Parents or guardian's signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

\*\*\*\*\*

*Please, remember that the following documents are necessary for admission:*

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