



Miras International School, Astana

APPLICATION FORM

Student's personal information

Child's photo

Grade applied for _____

Student's name _____

Last name (in accordance with document) First name Patronymic

Date of birth _____ Sex: Male _____ Female _____
day/month/year

Place of birth _____ Citizenship _____
country as shown in passport

Nationality _____

Native language _____ second language _____

Other languages _____

Information about previous schools:

1. School's name _____ City/Country _____

Grade completed _____ language of instruction _____

2. School's name _____ City/Country _____

Grade completed _____ language of instruction _____

3. School's name _____ City/Country _____

Grade completed _____ language of instruction _____

Please complete the application form thoroughly.

Your application cannot be processed until ALL of the following documents have been submitted:

For authorized personnel only:

	Received by	Date
1. Originals of documents from previous school		
2. Child's medical certificate (original)		
3. Copy of child's birth certificate/ passport		
4. Copy of each parent's ID card/ passport		
5. Copy of receipt for the payment of admission and tuition fees		
6. 2 photos 3x4 size		

Information about parents

Father

1. Father's full name _____
Last name
First name
Patronymic
2. Nationality according to passport: _____ Citizenship: _____
3. Place of work: _____
4. Company's name: _____ Address: _____
5. Office phone: _____ Fax: _____
6. Home address: _____
7. Home phone: _____ Fax: _____
8. E-mail address: _____ Mob.: _____

Mother

1. Mother's full name _____
Last name
First name
Patronymic
2. Nationality according to passport: _____ Citizenship: _____
3. Place of work: _____
4. Company's name: _____ Address: _____
5. Office phone: _____ Fax: _____
6. Home address: _____
7. Home phone: _____ Fax: _____
8. E-mail address: _____ Mob.: _____

Siblings

	Child's position in family: (e.g.) the only child	1 st child	2 nd child	3 rd child	4 th child
Family	Information about other children in the family Names:				
	Dates of birth:				
	Place of study:				

Your child:

1. Does your child have any special skills or interests (in what areas)?

2. Does your child have a particular hobby?

3. How long has your child been learning the English language?

4. Does your child have problems that the school should know about?

Information about the child's health condition

Please note: This information is necessary for the school medical service and will be kept in the child's personal record.

Student's last name, first name _____ Grade _____

1. Has your child been ill with the following diseases

	Yes	No
Measles	<input type="checkbox"/>	<input type="checkbox"/>
Mumps	<input type="checkbox"/>	<input type="checkbox"/>
Rubella	<input type="checkbox"/>	<input type="checkbox"/>
Chicken pox	<input type="checkbox"/>	<input type="checkbox"/> ?

Other (Please specify) _____

2. Does your child have allergy to

Dust mites	<input type="checkbox"/>	<input type="checkbox"/>
Animals	<input type="checkbox"/>	<input type="checkbox"/>
Nuts	<input type="checkbox"/>	<input type="checkbox"/>
Dairy products	<input type="checkbox"/>	<input type="checkbox"/>
Medical drugs	<input type="checkbox"/>	<input type="checkbox"/> ?

Other (Please specify) _____

3. Does your child have the following chronic diseases

Asthma	<input type="checkbox"/>	<input type="checkbox"/>
Eczema	<input type="checkbox"/>	<input type="checkbox"/>
Diabetes	<input type="checkbox"/>	<input type="checkbox"/>
Epilepsy	<input type="checkbox"/>	<input type="checkbox"/> ?

Other (Please specify) _____

If you have put “+” sign in any column, please communicate detailed information to the school doctor!

- | | Yes | No |
|---|--------------------------|--------------------------|
| 4. Does your child wear glasses? | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Does your child have any problems with hearing? | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Please provide any additional information that you consider important for the school to be informed about while your child is in its care (for example, taking medicines regularly, psychological or emotional anxieties). | | |

7. In case of emergency do you give permission to the school doctor to contact you immediately?

Yes **No**

8. In case of your child's illness, what clinic would your child use (in case of emergency)

9. Name family representatives / authorized people who have the right to pick up your child from the school.

(full name)

(contact phone)

Note for parents

Parents are responsible for informing the school if their child has any illnesses that may harm other students or school staff.

Please inform the school if any of the information on the *Student's medical information form* changes.

Parent's (or Guardian's) signature

Date

Had interview with the doctor

Yes **No**

Doctor's signature

Date