



Miras International School, Astana

APPLICATION FORM

Personal information

Child's photo

Grade applied for _____

Student's name _____
Last name (in accordance with document) First name Middle name

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

Place of birth _____ Citizenship _____
country as shown in passport

Nationality _____

Mother Tongue _____ Second language _____

Other languages _____

Information about previous schools:

1. School's name _____ City/Country _____
Grades 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 card (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 entrance and tuition fees		
6. 2 photos (3x4)		

Information about parents

Father

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

Mother

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

Siblings

	Child's position in family: (encircle) 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 abilities 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. Information should comply with the conclusions of specialists according to the child's health passport.

Student's full name _____ Grade _____

1. Has your child had the following diseases

	Yes	No
Measles	<input type="checkbox"/>	<input type="checkbox"/>
Parotitis	<input type="checkbox"/>	<input type="checkbox"/>
Rubella	<input type="checkbox"/>	<input type="checkbox"/>
Chickenpox	<input type="checkbox"/>	<input type="checkbox"/> ?

Other (Please specify) _____

2. Does your child have an allergy to (according to medical report)

Dust	<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 suffer from the following:

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 provide detailed information to the school doctor!

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

7. In case of need for rendering urgent medical aid to your child, do you give permission to the school doctor to contact you immediately? Yes No
8. In case of illness, what clinic does your child visit (in case of an emergency)?

9. Name family representatives (immediate relatives/trustees) has the right to pick up your child from the school? **To note not less than 2 persons**
- | | |
|-------------------|------------------------|
| _____ (full name) | _____ (contact number) |
| _____ (full name) | _____ (contact number) |
| _____ (full name) | _____ (contact number) |
10. From what sources you have known about our school?

Note for parents

Parents are responsible for informing the school if their child has any illnesses that require the regular medication, may adversely affect other students or the quality of the educational process of the child as well as other children. In case the parents conceal true information, the school shall have the right for a unilateral termination of the School Agreement.

Please inform the school in case of any change in this application form.

Parent's (or Guardian's) signature

Date

Interviewed by the doctor

Yes No

Doctor's signature

Date