

APPLICATION FORM

Term/Year of entry:

Group:

Student information

Campus: WEST ☐ SOUTH-WEST ☐

Gender: Male ☐ Female ☐

Student Photo

First Name of Child:		
Family Name of Child:		Passport Number:
Date of Birth (DD/MM/YY):/...../.....	Country of Birth:
Nationality:		
First Language:	Language(s) spoken at home	Level of English: <input type="checkbox"/> N <input type="checkbox"/> F <input type="checkbox"/> I <input type="checkbox"/> B <small>N- Native, F- Fluent, I- Intermediate, B- Beginner</small>

Address in Moscow:

Address in home country:

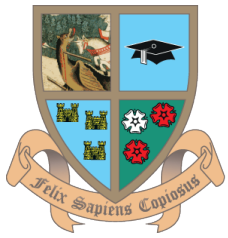
Tel :

Tel :

Would you like to use School's Bus Service? ☐ YES / ☐ NO

Student's Educational Background

Name of current / previous school and country:	
Grade / Level /Year:	Dates of attendance:
Dates of attendance:	Type of school:
Taught in English: <input type="checkbox"/> YES / <input type="checkbox"/> NO If No, please specify language of instruction:	
Names of siblings who are attending / have attended any of EIS campuses:	



Parent Information

	Father / Guardian	Mother / Guardian
First Name		
Family Name		
Nationality		
Passport No		
Company and business address		
Position		
E-mail address		
Contact Number		
Mobile		
Work		
Home		

I hereby declare that the information provided above is true and valid and I understand that the school reserves the right to reserve any decision regarding admission if any information provided is incorrect.

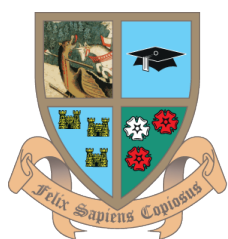
Parent's Names

Date

Signature

(Mother's signature)

(Father's signature)



English International School

Moscow

an Orbital Education School

ADMISSION

PHOTOGRAPH PERMISSION FORM

Occasionally, we may take photographs of the children at our school. We use these images as part of our school displays and sometimes in other printed publications. We will also use them on our school website. If we use photographs of individual pupils, we will not use the full name of that child in the accompanying text or photo caption. If a child has won an award and the parent would like the name of their child to accompany their picture we will obtain permission from the parent before using the image. Records of Achievement are used to celebrate your child's progress throughout school. Photographs of individuals, groups or classes of children may appear in these records. From time to time, our school may be visited by the media who will take photographs or film footage of a high profile event. Children may appear in these images, which will sometimes be published in social media, or on approved websites or our school brochure.

Please answer the questions below, then sign and date the form where shown and return the completed form to the school.

Name of child _____

Please circle your answer:

I give permission for my child's photograph to be used in school brochure or in other printed publications.

☐ YES / ☐ NO

I give permission for my child's image to be used on our website, approved web-sites and social media.

☐ YES / ☐ NO

Date:

Parent/guardian full name

Parent/guardian signature

EIS MOSCOW WEST

9 Molodogvardeyskaya Ulitsa

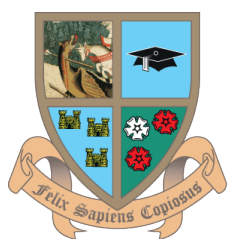
+7 (499) 140 10 25

www.englishedmoscow.com

EIS MOSCOW SOUTH-WEST

14 Lobachevskogo Ulitsa

+7 (495) 984 59 92



ENROLMENT DOCUMENT LIST

1. Student's recent passport size photo ☐
2. Copy of student's passport Main page ☐ Visa page ☐
3. Copy of student's birth certificate ☐
4. Copy of parents' passports: ☐

Mother:
Main page ☐ Visa page ☐ Registration page (Russian Passports) ☐

Father:
Main page ☐ Visa page ☐ Registration page (Russian Passports) ☐
5. Transcript of Academic records (last / previous 2 years) ☐
6. Health application form ☐
7. Application form ☐
8. Photograph Permission form ☐
9. Pick-up authorization from ☐
10. The consent to personal data processing ☐



STUDENT'S HEALTH RECORD

Campus	EAST <input type="checkbox"/>	SOUTH-WEST <input type="checkbox"/>	WEST <input type="checkbox"/>
Pupil's Name:			
Date of Birth:			
Blood Type:			
Family Doctor contact	Name:		
	Phone number:		
	Hospital/Clinic name		
If the student has any special diet and regular medication, please detail it below, state the name of medicine and the treatment:			
Is your child allergic (food, medicine, pollen...etc.)? Please mention the type of allergy and the treatment to administrate:			
Please, specify if your child has or has had any disease mentioned below?			
Illness		Contagious diseases	Date
Asthma	YES <input type="checkbox"/> NO <input type="checkbox"/>	Chickenpox	
Diabetes	YES <input type="checkbox"/> NO <input type="checkbox"/>	German Measles (Rubella)	
Eczema	YES <input type="checkbox"/> NO <input type="checkbox"/>	Whooping Cough	
Epilepsy	YES <input type="checkbox"/> NO <input type="checkbox"/>	Measles	
Heart disease	YES <input type="checkbox"/> NO <input type="checkbox"/>	Mumps	
Hearing difficulty	YES <input type="checkbox"/> NO <input type="checkbox"/>	Tuberculosis	
Learning difficulty*	YES <input type="checkbox"/> NO <input type="checkbox"/>	Hepatitis	
Speech difficulty*	YES <input type="checkbox"/> NO <input type="checkbox"/>	Scarlet Fever	
Others:		Diphtheria	
		Others:	

*If ☐YES☐ please specify.....



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Vaccination history (DTP, Polio, Hepatitis, MMR, BCG...etc).					
No.	Type of vaccination	Date given	No.	Type of Immunization	Date given

Indicate other possible illnesses, which the pupil may have or specific comment about his/her health history?
Please indicate any surgery, trauma your child had before.

Please note:

- When medication is brought to school, the student must give the medicine to school nurse with a note giving full details written and signed by Parent.
- Children having missed more than 3 days should bring a reference indicating the disease and period of time for which they must be free from PE lessons.
- Please contact the school immediately if your child is suffering from a contagious disease.

We undertake to inform the school if there are any changes in the information supplied in this document.	Date:
	Parents' Signatures:
If your child has any chronic disease and in case of emergency what medications can be administered before the ambulance arrives. Please specify	Date:
	Parents' Signatures:
In case of an accident or other emergency illness where I cannot be contacted as set in the school procedure, I agree to the school taking appropriate action by contacting the emergency services or escorting my child to hospital. I consent to my child being administered necessary medication if I cannot be reached or in the event of an emergency	Date:
	Parents' Signatures:

HEALTH INSURANCE AND EMERGENCY CONTACTS

Please give a copy of your child's health insurance card to the School office.	
Name of health insurance provider:	
Card and policy number in Russia:	
Insurance expiration date:	
In case of an emergency, preferred ambulance For insurance please provide phone number	State <input type="checkbox"/> Insurance <input type="checkbox"/> Ambulance Insurance Tel _____
In case of both parents cannot be immediately reachable, please indicate emergency contact.	First name: Family name: LOCAL phone numbers: Language spoken: Relationship with the family:

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PICK-UP AUTHORIZATION FORM

Fill out this form ONLY for regularly pick-ups.

Child's Name:	
Class:	
Parents' Names:	

The following person/people have permission to pick-up my child from school on a regular basis. Indicate names and contact numbers.

First name	Family name	Phone number	Relationship with the child

Please send a photocopy of the passport for each person who has permission to pick up your child.

I understand this form gives permission to the above named individual to pick- up my child on the stated days only. If this schedule changes I must notify the office in writing.

Parents' Signatures:

Mother's signature

Father's signature

Date: