APPLICATION FORM

Term/Year of entry:

Student Photo

**Student information**

Campus: EAST □ SOUTH-WEST □ WEST □

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| First Name: |  | | | □ Female □ Male |
| Family Name: |  | | | Passport Number: | |
| Date of Birth (DD/MM/YY): | …………../……………/………………. | | | Country of Birth: | |
| Nationality: |  | | |
| Level of English:  □ N □ F □ I □ B  *N- Native, F- Fluent,*  *I- Intermediate, B- Beginner* | |
| First Language: | Language(s) spoken at home | | |
|  | | | | | |
| Address in Moscow:  …………………………………………………………………………  …………………………………………………………………………  …………………………………………………………………………  …………………………………………………………………………  Tel : | |  | Address in Home Country  …………………………………………………………………  …………………………………………………………………  …………………………………………………………………  …………………………………………………………………  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: |
| Curriculum: | Type of school: |
| Taught in English: □YES / □ 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)*

|  |  |  |  |
| --- | --- | --- | --- |
| STUDENT'S HEALTH RECORD | | Class/Year | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Campus | EAST □ SOUTH-WEST □ WEST □ | | |
| 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 □ No □ | Chickenpox |  |
| Diabetes | Yes □ No □ | German Measles (Rubella) |  |
| Eczema | Yes □ No □ | Whooping Cough |  |
| Epilepsy | Yes □ No □ | Measles |  |
| Heart disease | Yes □ No □ | Mumps |  |
| Hearing difficulty | Yes □ No □ | Tuberculosis |  |
| Learning difficulty\* | Yes □ No □ | Hepatitis |  |
| Speech difficulty\* | Yes □ No □ | Scarlet Fever |  |
| Others: |  | Diphtheria |  |
|  |  | Others: |  |
|  |  |  |  |

\*If “YES” please specify \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Vaccination history (DTP, Polio, Hepatitis, MMR, BCG…etc). | | | | | |
| No. | Type of vaccination | Date given | No. | Type of Immunization | Date given |
| 1 |  |  | 6 |  |  |
| 2 |  |  | 7 |  |  |
| 3 |  |  | 8 |  |  |
| 4 |  |  | 9 |  |  |
| 5 |  |  | 10 |  |  |

|  |
| --- |
| 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 □ Insurance  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: |

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: |

PHOTOGRAPH PERMISSION FORM

Dear Parents,

From time to time children at school will have their photos taken and used for a variety of purposes, publication and on the Internet. Your permission is required before we can use your child’s photo.

The photo can be used for different purpose described below:

* Inside the school, newsletter, school displays including but not limited to classroom walls, class-made albums, teachers’ lesson albums, and art projects. Students may be identified by first name.
* Outside of school displays in publications including: print newspapers, magazine, poster (no name published), on-line newspapers, promotional brochures and advertisements (no name published)
* Website Public Pages (no name published), Website Password Protected Pages (no name published) and School Social Media.

We will only use images of pupils who are suitably dressed, to reduce the risk of such images being used inappropriately.

It is your responsibility to let us know if you want to withdraw or change your agreement at any time.

Yours sincerely,

Marketing Department

|  |  |
| --- | --- |
| I *(first and Family name in capital letter)…………………………………………………………………………………………………………………..*  give permission to English International School for photographs of my child to be taken and used for the categories listed below:  May we use your child’s photograph in the school prospectus and other printed publications /displays that we produce for promotional purposes? Yes / No  May we use your child’s image on our public website? Yes / No  May we use your child’s image on our website password protected pages? Yes / No  May we use your child’s image on our Social Media pages? Yes / No  May we use, if selected your child’s work on our website/social media pages? Yes / No  May we record your child’s image on video? Yes / No  Do you consent to your child’s image or work used inside the school (referred to the description above) and first name being published? Yes / No  This authority is valid in perpetuity. | |
| Parent’s Signatures:  *Mother’s signature*  *Father’s signature* | Date: |

|  |
| --- |
| 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)* □

1. Transcript of Academic records (last / previous 2 years) □
2. Health application form □
3. Application form □
4. Photograph Permission form □
5. Pick-up authorization from □
6. The consent to personal data processing □