



TASHKENT INTERNATIONAL SCHOOL

A division of the Tashkent International Health and Education Service

Date of application: _____

New Student Registration Form

First name: _____ Middle name: _____ Family name: _____

Familiar name (*if different than First*): _____ Date of birth: _____
dd/mm/yyyy

Place of Birth: _____ Gender: _____

Citizenship(s): _____ Passport number: _____

Contact Information - Home Country

Street: _____ City: _____ Country: _____

Postal Code: _____ Telephone: _____ Email: _____

Contact Information - Uzbekistan

Street: _____ City: _____ Country: _____

Postal Code: _____ Telephone: _____ Email: _____

General Information

Proposed date of entry (the date you would like your child to start studying at TIS): _____

How long do you intend to stay in Tashkent? _____ year(s)

Grade applying to in TIS: _____

Does the child have siblings attending (or applying to) TIS? If so, please give their names and grade levels:

Name: _____ Grade: _____

Name: _____ Grade: _____

Name: _____ Grade: _____





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Guardian's Data

Parent/Guardian 1 first name: _____ Family name: _____

Relationship to child: _____

Citizenship: _____ Languages spoken: _____

Employer: _____ Position: _____

Telephone: _____ Email: _____

Parent/Guardian 2 first name: _____ Family name: _____

Relationship to child: _____

Citizenship: _____ Languages spoken: _____

Employer: _____ Position: _____

Telephone: _____ Email: _____

Caregiver/Nanny (if applicable)

First name: _____ Family name: _____

Citizenship: _____ Languages spoken: _____

Telephone: _____ Email: _____

Emergency contact information

(List relatives or friends who may be called if you are not available and your child is injured or sick)

Name 1: _____

Home telephone: _____ Work telephone: _____

Name 2: _____

Home telephone: _____ Work telephone: _____





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Schooling History (Starting with the most recent)

School name: _____ Email contact: _____

Address: _____

Attended from: _____ to: _____
mm/yyyy mm/yyyy

Language of instruction: _____ Last grade level attended: _____

School name: _____ Email contact: _____

Address: _____

Attended from: _____ to: _____

Language of instruction: _____ Last grade level attended: _____

School name: _____ Email contact: _____

Address: _____

Attended from: _____ to: _____

Language of instruction: _____ Last grade level attended: _____

Where has your child lived (Starting with the most recent)

Country: _____ City: _____ Duration (years): _____

Country: _____ City: _____ Duration (years): _____

Country: _____ City: _____ Duration (years): _____

Country: _____ City: _____ Duration (years): _____

Country: _____ City: _____ Duration (years): _____

Country: _____ City: _____ Duration (years): _____





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Languages

Mother tongue (first language): _____

How long has your child spoken this language? _____

Which other languages does your child speak? _____

Which other languages does your child read/write? _____

Which language(s) has/is your child studying? _____

What language(s) does your child speak at home with:

Father: _____ Mother: _____

Sibling(s): _____ Caregiver: _____

Languages (Please complete this section if your child and/or family usually speak a language other than English at home)

Child's knowledge of English language:

None Limited Good Fluent

Has your child ever formally studied English?

No Yes Where and how often: _____

Has your child ever received additional English support in school?

No Yes Where and how often: _____





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Special Programs / Learning Support

Has your child ever been included in or referred for any type of the following programs:

Psycho-educational testing No Yes

Learning Support No Yes

Speech or language therapy No Yes

Does your child (to your knowledge) have any learning difficulties or disabilities?

No Yes

Has an IEP (Individual Education Plan) ever been prepared (implemented) for your child?

No Yes

Has your child ever been referred to a counselor, a therapist or similar specialist?

No Yes

Has your child ever consulted a counselor, a therapist or similar specialist?

No Yes

Has your child ever repeated or skipped a grade?

No Yes

If you have answered 'yes' to any of the above, please briefly describe the situation below and provide all supporting documents. Until we receive supporting documentation, admission will be on a provisional basis.





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Authorizations

I authorize the school and/or the International Baccalaureate to use my child's materials (work) from time to time for educational, training and/or promotional purposes. No Yes

I authorize the school to share my child's file and/or work or results with other potential schools (for school transition purposes). No Yes

I have read the Technology / Wi-Fi usage Policy and have signed the policy document. No Yes

I authorise my child to use the Internet while at school according to the rules outlined in the policy No Yes

I authorise the school to publish my child's picture on the Internet using his/her first name only. No Yes

I authorise the school to publish my child's selected school materials on the Internet. No Yes

To facilitate communication among parents in each grade level, I authorise the school to share my name and email address with other parents from my child's class. No Yes

I understand that it is my responsibility to inform the school of any information changes such as contact information, email addresses, etc. No Yes

Parent Signature: _____ Date: _____
dd/mm/yyyy

