

Date of application: \_\_\_\_\_

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: \_\_\_\_\_

Who will be responsible for membership tuition payments?

Parent

Company

Name of Organization: \_\_\_\_\_

### 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: \_\_\_\_\_

### 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: \_\_\_\_\_  
mm/yyyy mm/yyyy

Language of instruction: \_\_\_\_\_ Last grade level attended: \_\_\_\_\_

School name: \_\_\_\_\_ Email contact: \_\_\_\_\_

Address: \_\_\_\_\_

Attended from: \_\_\_\_\_ to: \_\_\_\_\_  
mm/yyyy mm/yyyy

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): \_\_\_\_\_

## 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: \_\_\_\_\_

## 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.

## 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 have read the Personal Information Protection Purpose of Use Statement and have signed the document. 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