



## QSI International School of Sarajevo

Omladinska # 12, 71320 Vogošća  
Sarajevo, Bosnia & Herzegovina

School Phone: +387 33 424 450  
Fax: +387 33 424 471  
Mobile: +387 61 480 302  
Email: sarajevo@qsi.org

Website: www.qsi.org/bosnia-and-herzegovina/bhz

Please attach 1  
recent photo

### STUDENT APPLICATION FORM

School Year: 20\_\_ / 20\_\_

Family Name: \_\_\_\_\_ Given Name(s): \_\_\_\_\_

Gender: M / F Citizenship: \_\_\_\_\_ Passport Number: \_\_\_\_\_

Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
Day Month Year

Verification (copy): Birth Certificate / Passport  
Please attach it to this form

MOTHER/GUARDIAN NAME (printed): \_\_\_\_\_

Company: \_\_\_\_\_ Occupation: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ ☐ office use only ☐ community use

Work Phone: \_\_\_\_\_ ☐ office use only ☐ community use

E-mail: \_\_\_\_\_ ☐ office use only ☐ community use

FATHER/GUARDIAN NAME (printed): \_\_\_\_\_

Company: \_\_\_\_\_ Occupation: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ ☐ office use only ☐ community use

Work Phone: \_\_\_\_\_ ☐ office use only ☐ community use

E-mail: \_\_\_\_\_ ☐ office use only ☐ community use

HOME/MAILING ADDRESS: \_\_\_\_\_

HONE PHONE: \_\_\_\_\_

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School Last Attended: \_\_\_\_\_ Last Grade/Level Completed: \_\_\_\_\_

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

Expected Date of Entry at QSI: \_\_\_\_\_

Foreign Language to be taken (5 years old class and older): ☐ Bosnian ☐ French ☐ German

Organization/Person responsible for fees: \_\_\_\_\_

*I, the undersigned, certify that the information given above is correct to the best of my knowledge. I have read and understand the information outlined in the QSI Information Pack and agree to all terms including the school fee policy and the school educational program that QSI offers. Further, I understand that a non-refundable fee of US \$300 is necessary to complete the application process.*

*I, the undersigned, agree that in cases in which fees, or any other funds owed to the school, are delinquent, and the arrangements for payment have not been made, student evaluations will be withheld until the fees are paid. Also, no official school communications or records will be issued to the student or parent, nor sent to other schools, when fee payments are not current.*

Signed: \_\_\_\_\_ Date: \_\_\_\_\_



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### STUDENT INFORMATION

**STUDENT NAME:** \_\_\_\_\_

### SCHOOL HISTORY

List of schools previously attended: (list last school first)

Level	Name of school	Location	Dates attended

**SPECIAL INTEREST OR HOBBIES:** \_\_\_\_\_

Has student been in any special program? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please specify: \_\_\_\_\_

***If student has been in IEP (Individualized Education Program), please submit one.***

### FAMILY HISTORY:

Parental information: \_\_\_\_\_

Student will live with: \_\_\_\_\_

Sibling Information: (brothers and sisters)

Name	Sex M/F	Birthdate	Name	Sex M/F	Birthdate

### LANGUAGE INFORMATION:

Primary (mother tongue) language is: \_\_\_\_\_

Language spoken home: \_\_\_\_\_

Secondary language: \_\_\_\_\_

Other: \_\_\_\_\_

Age at first word: \_\_\_\_\_

**ANY OTHER INFORMATION YOU WOULD LIKE TO TELL US ABOUT YOUR CHILD:**

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### HEALTH APPRAISAL FORM

STUDENT NAME: \_\_\_\_\_

#### Section I: Health History

Does your child have any of the following:	YES	NO	Please explain any areas in detail in the space provided:
1. Allergies or reactions: (for example, food, medication, latex, or other)			
2. Hay fever, asthma, or wheezing			
3. Eczema or frequent skin rashes			
4. Convulsions/Seizures			
5. Heart trouble			
6. Diabetes			
7. Frequent colds, sore throats, earaches (4 or more per year)			
8. Trouble passing urine or bowel movements			
9. Speech problems			
10. Dental problems			
11. Vision problems			
12. Shortness of breath			
13. Other			

Does your child take any medications regularly?  
If yes what medication?

Yes \_\_\_\_\_ No \_\_\_\_\_

Reason for the medication:

Will it be necessary to administer the medication during school hours?

#### Section II: Immunizations

Please complete the entire form; information such as "complete" or "up to date" is not acceptable

VACCINE	TYPE	DATE ADMINISTERED (Mo/Day/Yr)
DtaP/DTP/Td (Diphtheria, Tetanus, pertussis)		
Haemophilus influenza type b (HIB)		
POLIO IPV/OPV		
MMR (Mumps, Measles, Rubella)		
Varicella (Chickenpox)		
Pneumococcal Conjugate (PCV)		
Hepatitis B (HBV)		
Hepatitis A (HAV)		



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Typhoid Fever		
Other Vaccines		

**Vaccines waived due to reactions/contraindications/religious objections:**

Parents Signature

**I certify that the immunization dates are true to the best of my knowledge:**

Parents Signature

### Section III: Developmental Information

**Were there any complications in the pre-natal, delivery, or post-natal periods?**

Yes \_\_\_\_\_ No \_\_\_\_\_ If Yes explain:

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**Are there any present or past sleeping or eating problems?**

Yes \_\_\_\_\_ No \_\_\_\_\_ If Yes explain:

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**Does your child have a health condition that school personnel should know about?**

Yes \_\_\_\_\_ No \_\_\_\_\_ If Yes explain:

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**Should your child's activity be restricted because of any physical defect or illness?**

Yes \_\_\_\_\_ No \_\_\_\_\_

If so check the activity and explain the degree of restriction:

- \_\_\_\_\_ Classroom
- \_\_\_\_\_ Playground
- \_\_\_\_\_ Swimming Pool
- \_\_\_\_\_ Field trips
- \_\_\_\_\_ Other Clubs and activities

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### EMERGENCY INSTRUCTIONS

In the event a student is injured or for any other reason needs emergency attention, the following information is required:

NAME OF STUDENT: \_\_\_\_\_

TELEPHONE(S) at which parent may be reached: CELL PHONE: \_\_\_\_\_

OFFICE: \_\_\_\_\_

HOME: \_\_\_\_\_

If no phone contact is possible, please give an address or instruction to be reached.

\_\_\_\_\_

If unable to reach a parent, indicate other persons to contact with address and phone numbers.

\_\_\_\_\_

If emergency medical care is required, do you authorize school authorities to initiate medical care, possibly to include locating a nurse or doctor? \_\_\_\_ **YES** \_\_\_\_ **NO**

If you have a preference for a doctor or hospital, please indicate below:

\_\_\_\_\_

In an emergency, I authorize school authorities to take any steps necessary to administer medical treatment to my child in the event one of my child's parents are not available at the time.

\_\_\_\_\_  
(Parent Signature)



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### BUS REGISTRATION FORM

School Year: \_\_\_\_\_

Name of Parent: \_\_\_\_\_

Please mark the appropriate box below.

☐ Our children **will not ride the school bus** and will be picked up and dropped off at school by:

\_\_\_\_\_

☐ Our children **will not ride the school bus** and will walk to and from home alone.

\_\_\_\_\_

☐ Our children as follows **will ride the school bus**:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_

\_\_\_\_\_

☐ Our children are allowed to walk home alone after getting off the bus.  
Location of our house is:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Date: \_\_\_\_\_

Parent Signature: \_\_\_\_\_



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### **REQUEST FOR THE STUDENT RECORDS**

#### **Filled in by parents**

#### **Parent Permission Form**

I \_\_\_\_\_ authorize QSI International School of Sarajevo the right to  
(Parent Name)

request \_\_\_\_\_ 's school records from  
(Student Name)

\_\_\_\_\_  
(Previous School Name)

\_\_\_\_\_  
(Previous School Address)

\_\_\_\_\_  
(Previous School Phone/Fax/Email)

Parent Signature: \_\_\_\_\_

Date: \_\_\_\_\_

#### **Filled in by QSI School**

To whom it may concern,

**Please send the student's records to QSI International School of Sarajevo.**

Student Name: \_\_\_\_\_

Birth Date: \_\_\_\_\_ Nationality: \_\_\_\_\_ Passport No.: \_\_\_\_\_

Attending Period: \_\_\_\_\_

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Fax: 387-(0)33-424-471;

Registration Email: sarajevo@qsi.org

Please see the permission form from the parents above.



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### **APPLICATION PROCESS**

#### **Step 1: Application**

Complete the application forms and bring it to the school secretary, along with a \$300 *nonrefundable* registration fee. If a child has been a QSI student before, \$300 registration fee does not need to be paid again.

#### **Step 2: Registration**

1. In addition to the registration fee, please take the following documents to our school secretary:
  - Passport copy to verify the student's age
  - One passport-size photo attached to the application
  - Photocopies of school records (please don't bring originals).

*(If the school records are not in English language, please provide the school with translation of the documents. Those do not need to be verified by the court translator.)*

- Photocopies of immunization records
2. Register your child with our school accountant. (The secretary will help with this step.)

The application and registration steps must be completed, and the registration fee paid, before a child is scheduled for an assessment, which is the final step.

#### **Step 3: Assessment**

If your child is 3-6 years old, he will not have an assessment. He may start school the next day, provided there is time for the teacher to be notified and prepared (e.g. assign a locker, have materials ready, etc.).

If your child is 7 years old or older, she/he will be assessed in reading, writing, and mathematics on the day following registration, or the same day; these test results will assist director to place your child at the appropriate level.

1. On the day of the assessment, bring your child to the office. Also, bring school records and transcripts from previous schools. These documents are required for determining accurate placement for all students, creating an appropriate schedule, and awarding transfer credits to secondary students. Your student will take a computerized adaptive assessment called MAP. The amount of time for the assessment varies.
2. In order for us to evaluate the assessments and inform teachers of your child's arrival, your child will go home after the assessment. During the next day, director will evaluate the test results and review past school records, create a class schedule, and notify teachers of the student's placement.

#### **Step 4: Enrollment**

The student's first day of attendance will be the following day. On this day, the student will first meet with either the director to go over the student's new schedule; then, the student will go to class.

Our goal is to make the enrollment process clear, easy, and friendly. Please let us know if the process and this guide meet that goal.

Again, welcome to your new school. We look forward to working with you to give your student the best educational program possible.

*The QSIS Admission Team*