



DUSHANBE INTERNATIONAL SCHOOL

Bofanda Street 9, Dushanbe, Tajikistan Phone: +992 37 2230665 Fax: 2510271

Web: www.dis.tj Email: dis@dis.tj

APPLICATION FORM

NEW STUDENT RE-REGISTRATION

Name of Student: _____
Last First Middle

Date of Birth: _____ Gender: _____ Nationality: _____

Applying for Class: _____ Expected Date of Start: _____

Student's Home Address: _____ Telephone: _____

Father's name : _____ Mother's name: _____

Business address: _____ Tel.: _____ Business address: _____ Tel.: _____

Position: _____ Position: _____

Together Divorced

Emergency Address when parents are not available:

Tel.: _____

VACCINE: DONE..... OR NOT DONE.....

Please explain any other health concerns of which we should be aware:

Is student currently on medication? YES/NO

If so, please give details: _____

Is there any reason for your child to have restricted physical activity? YES/NO

If so, please explain: _____

Does the school doctor has your permission to take your child temporary medication Incl. Aspirin/Tylenol?

YES/NO.....

Does the school have your permission to take your child on excursions, visits and picnic, in and outside the school

YES/NO.....

Date: _____ Name and Signature of Parent: _____





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SIX STEPS OF ADMISSION PROCEDURE

1. Admission Assessments

Test Score --- English: _____ Maths: _____ Interview: _____

PASSED FAILED

Name of a Teacher _____ Signature _____

Commission:
Name _____
Signature _____
Date _____

2. Accountancy

Registration fee: Paid Not paid Contract: Signed Not signed

*You will get a confirmation paper of payment from accountant. You will use it to get the school uniform.

Husniddin Hakimov
Signature _____
Date _____

3. Documentation

App. letter Birth cert. Employm. Cert.

Residence Permit Photo Previous school file

Subhiya Zohidova
Signature _____
Date _____

4. School Doctor

- Health rec. with (Form 063, 026)
- Certificate of Contact (san./epidemiological station)
- A student should be inspected by the school doctor

Name _____
Signature _____
Date _____

5. Edupage

Registering the student name to the class.

For Classes 1-2-3-4-5, please go to Assistant HOP

For Classes 6-7-8-9-10-11, please go to Assistant HOS

For Kindergarten, please go to Head of KG

Name _____
Signature _____
Date _____

6. Book for Library

After getting the signatures of 1,2,3,4,5 this paper should be kept by Parent in order to get books from the school library.

For Classes 1-2-3-4-5, please go to Librarian in the Primary section

For Classes 6-7-8-9-10-11, please go to Librarian in the

Secondary section

Name _____
Signature _____
Date _____

Note: After having all signatures of six steps this document should be submitted to Deputy Director (**Subhiya Zohidova**). This document will be kept in the student file confidentially and used to have relevant information about the student.

