



# Application form

## ENGLISH PRESCHOOL

### "Sky Rainbow"

+ 7 (727) 260 47 15  
+ 7 (707) 232 84 15

[info@skyrainbow.kz](mailto:info@skyrainbow.kz)  
[www.skyrainbow.kz](http://www.skyrainbow.kz)

#### A. STUDENT INFORMATION

Surname: \_\_\_\_\_

First name: \_\_\_\_\_

Boy     Girl

Birth Date \_\_\_\_\_  
Date                  Month                  Year

Nationality: \_\_\_\_\_

ID/Passport №: \_\_\_\_\_

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

E-mail: \_\_\_\_\_

Previous school: \_\_\_\_\_

#### B. FAMILY INFORMATION

Mother's name: \_\_\_\_\_

Mother's telephone number: \_\_\_\_\_

Mother's email: \_\_\_\_\_

Mother's occupation: \_\_\_\_\_

Father's name: \_\_\_\_\_

Father's telephone number: \_\_\_\_\_

Father's email: \_\_\_\_\_

Father's occupation: \_\_\_\_\_

Mother tongue: \_\_\_\_\_

How did you hear about us?

Internet search     Email     Family/Friends     Advertisements

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

**C. MEDICAL INFORMATION**

**Medical History:**


**Chronic Physical Problems/Pertinent Developmental Information/Special Accommodations Needed**

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**Allergies or Intolerances to food, medication, etc; action to take in case of emergency**

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**D. EMERGENCY INFORMATION**

**Names, Address and Phone Number of Two (2) People to Contact if Parents/Guardians CANNOT be reached**

1. \_\_\_\_\_

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2. \_\_\_\_\_

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**Person(s) Authorized to Pick Up Child**

\_\_\_\_\_

*Name*

\_\_\_\_\_

*Phone number*

\_\_\_\_\_

*Name*

\_\_\_\_\_

*Phone number*

*\* Signing the Application indicates that the parents agrees with the Terms of English Preschool "Sky Rainbow"*

**Sign:** \_\_\_\_\_

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