



**QSI INTERNATIONAL
SCHOOL OF BRATISLAVA**

www.qsi.org/bratislava | bratislava@qsi.org

MAIN CAMPUS

Záhradnícka 1006/2
Šamorín, 93101, Slovakia
Tel: + 421-31-321-3500
+421-903 704 436

XBS CAMPUS

Dubová 2254/33
Šamorín-Čilistov, 93101,
Slovakia
Tel: + 421-31-321-3500

SCHOLARSHIP & ADMISSION APPLICATION

Checklist: The following items are required to complete this application:

Application Form	<input type="checkbox"/>
Student Health Form	<input type="checkbox"/>
Student Emergency Form	<input type="checkbox"/>
Copy of Passport	<input type="checkbox"/>
Copy of Birth Certificate	<input type="checkbox"/>
Copy of Slovak permanent residency card (or Slovak ID card) if available	<input type="checkbox"/>
Copy of Health Insurance Card	<input type="checkbox"/>
1 recent photograph of student (see application form)	<input type="checkbox"/>
Consent to personal data processing	<input type="checkbox"/>
7-12 year-old class – copy of previous school records for one year	<input type="checkbox"/>
13-year-old class through Secondary IV – copy of previous school records from age 12	<input type="checkbox"/>

QSI Bratislava Scholarship Policy Guidelines

1. Upon enrollment, scholarships will continue, and students are expected to remain in school unless fees are not paid, or the student does not meet the behavioral or academic requirements of the scholarship agreement.
2. Approved scholarships may be reviewed on an annual basis upon receipt of up-to-date application materials, financial documents, behavior/academic reports and extracurricular participation. QSI Bratislava reserves the right to adjust scholarship awards upon annual review.
3. Students who are awarded QSI Bratislava scholarship have a responsibility to:
 - maintain a strong record of school attendance with max. of 10 absences per school year
 - achieve an expected grade point average (SEC students - 3.70 GPA)
 - participate in extra-curricular activities - MS/SEC students will participate in three activities each school year, preferably one activity each term/season (to be reviewed annually)
 - meet proper behavioral expectations
 - maintain successful/exceptional Success Orientation evaluations
4. Parents of scholarship students are expected to:
 - take an involved interest in their child's progress at school
 - provide supportive home environment for their child/ren.
 - develop a positive relationship with QSI teachers and staff - communicate regularly with teachers and make themselves available as a matter of priority with QSI staff
 - attend ALL parent/teacher conferences and participate regularly in school events
 - be active participants in the greater school community (i.e. host visiting students from other schools, help with planning and organizing of school events, sports & activity support, volunteering, PSG membership, etc.)
 - Contribute in any way to help shape the positive reputation of QSI Bratislava within the community
5. Upon accepting the scholarship, student and parents must provide a completed and signed student application form accompanied by documents as specified by QSI Bratislava Admissions Coordinator, in order to complete the process of registration at QSI Bratislava.



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SCHOLARSHIP & ADMISSION APPLICATION FORM

Insert Photo
Here

SECTION I:

A. STUDENT INFORMATION:

1. LAST NAME	2. NAME(S)	3. NATIONALITY	4. TYPE OF APPLICATION <input type="checkbox"/> New Student <input type="checkbox"/> Returning Student
5. DATE OF BIRTH (Example: 07-NOV-2004)	6. EXPECTED DATE OF ENTRY (Example: 27-AUG-2020)	7. GRADE LAST COMPLETED	8. GENDER <input type="checkbox"/> Male <input type="checkbox"/> Female
9. STUDENT PERMANENT HOME ADDRESS (Street Number, Street Name, City, Province, Postal Code, Country)			
10. STUDENT TEMPORARY HOME ADDRESS AS STATED ON RESIDENCY PERMIT (For Students of Nationality Other Than Slovak) (Street Number, Street Name, City, Province, Postal Code, Country)			

B. PARENT / LEGAL GUARDIAN INFORMATION:

FATHER:

1.LAST NAME	2.NAME(S)	3.NATIONALITY	4.LANGUAGE SPOKEN
5.PERMANENT HOME ADDRESS (Street Number, Street Name, City, Province, Postal Code, Country)			
6.HOME ADDRESS IN SLOVAKIA (Street Number, Street Name, City, Province, Postal Code, Country)			
7.TELEPHONE AT HOME	8. MOBILE PHONE	9. EMAIL	
10. EMPLOYER	11. POSITION	12.WORK EMAIL	



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MOTHER:

1.LAST NAME	2.NAME(S)	3.NATIONALITY	4.LANGUAGE SPOKEN
5.PERMANENT HOME ADDRESS (Street Number, Street Name, City, Province, Postal Code, Country)			
6.HOME ADDRESS IN SLOVAKIA (Street Number, Street Name, City, Province, Postal Code, Country)			
7.TELEPHONE AT HOME	8. MOBILE PHONE	9. EMAIL	
10. EMPLOYER	11. POSITION	12.WORK EMAIL	

THE CHILD WILL BE LIVING WITH:

<input type="checkbox"/> Father	<input type="checkbox"/> Mother	<input type="checkbox"/> Both	<input type="checkbox"/> Other _____
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HOW WOULD TRANSPORTATION TO/FROM SCHOOL BE PROVIDED? (See school website for details)

<input type="checkbox"/> QSI School free bus program	<input type="checkbox"/> Door-to-door paid program	<input type="checkbox"/> Private ride	<input type="checkbox"/> Other _____
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PEOPLE AUTHORIZED TO COLLECT CHILD FROM SCHOOL:

Please provide the names and details of people who can collect your child from school.

FULL NAME:	RELATION TO CHILD:	TELEPHONE NUMBER:

C. STUDENT EDUCATIONAL HISTORY:

1.LIST SCHOOLS PREVIOUSLY ATTENDED: (Start with the *most recent* at the top)

GRADE	NAME OF SCHOOL	LOCATION (Full address)	DATES ATTENDED	
			From(mm/dd/yy)	To(mm/dd/yy)

2.TOTAL NUMBER OF COMPLETED YEARS OF SCHOOLING

_____ Years

D. QSI BRATISLAVA LEARNING SUPPORT

1. PLEASE CHECK THE 3 DIFFERENT YES OR NO BOXES BELOW (X 3)

It is our goal at QSI International School of Bratislava to account for individual learning styles, needs and levels of ability within our diverse student body in both instruction and assessment. In order to provide the best possible academic experience for your child to reach his/her potential, we need a complete re-view of your child's learning profile.

1. Has your child been identified as being gifted and talented or twice exceptional?

☐ Yes ☐ No

1. If YES, please provide the following documentation:

- Current psychoeducational evaluation report (no more than three years old)
- Academic Progress Reports from the past two years.

2. Has your child been identified as having any specific learning, behavioral or medical difficulties that should be considered in his or her educational programming?

☐ Yes ☐ No

1. If YES, please provide the following documentation:

- Current evaluation report(s) (no more than three years old) including psychoeducational, speech and language, physical or occupational, medical reports indicating specific diagnosis, health records and needs pertinent to an educational program
- Most recently signed Individual Education Plan (IEP)/International Individual Learning Plan (ILP)
- Academic Progress Reports from the past two years.

3. ☐ Yes ☐ No Please check the box to permit us to contact your child's previous school for more information if needed.

E. LANGUAGE INFORMATION:

1. PRIMARY(1ST) LANGUAGE	SECONDARY LANGUAGE	LANGUAGE SPOKEN AT HOME	LANGUAGE SPOKEN AT PREVIOUS SCHOOL
LEVEL OF ENGLISH PROFICIENCY: (Children placed in Intensive English (IE) will NOT be enrolled in a Language Other than English - LOE)			
BEGINNER	INTERMEDIATE	ADVANCED	NATIVE
<input type="checkbox"/> LOW <input type="checkbox"/> MID <input type="checkbox"/> HIGH	<input type="checkbox"/> LOW <input type="checkbox"/> MID <input type="checkbox"/> HIGH	<input type="checkbox"/> LOW <input type="checkbox"/> MID <input type="checkbox"/> HIGH	<input type="checkbox"/>
2.LANGUAGE OTHER THAN ENGLISH (LOE): (All 6 year-olds and above will take one chosen language 5 times per week. Please tell us which LOE your child would like to study.)			
<input type="checkbox"/> SLOVAK	<input type="checkbox"/> GERMAN	<input type="checkbox"/> FRENCH	<input type="checkbox"/> SPANISH
LEVEL OF LOE TO BE TAKEN			
HOW MANY YEARS OF ENGLISH LANGUAGE INSTRUCTION HAS YOUR CHILD RECEIVED?		NATIVE	
		<input type="checkbox"/>	



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SECTION II:

Student Essay: Please compose a statement of 500 words or less.

(If possible, applicants 12 years or older should submit their own essay.)

- Why do you want to attend QSI International School of Bratislava (QSIB) and are there any special interests or talents that you would like us to know about?
- How will studying at QSIB help you achieve your future academic goals and/or professional goals?



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SECTION III:

Parent Contribution Essay: Please compose a statement of 500 words or less.

Parents of selected scholarship students are expected to be active participants in the school community. In what ways would you be interested in contributing to the school and/or greater school community?

SECTION IV:

EDUCATIONAL INFORMATION:			
1.FULL NAME OF STUDENT APPLICANT:	2.TUITION FEE:	3.SCHOLARSHIPS & GIFT AID:	4.AMOUNT OF PARENTS CONTRIBUTION:
1.FULL NAME OF Brother or Sister:	2.Gender	3.Date of Birth: (Example: 07-NOV-2004)	4. CURRENT/ PREVIOUS SCHOOL:
5.YEAR IN SCHOOL/COLLEGE:	6.TUITION FEE:	7.SCHOLARSHIPS & GIFT AID:	8.AMOUNT OF PARENTS CONTRIBUTION:
1.FULL NAME OF Brother or Sister:	2.Gender	3.Date of Birth: (Example: 07-NOV-2004)	4. CURRENT/ PREVIOUS SCHOOL:
5.YEAR IN SCHOOL/COLLEGE:	6.TUITION FEE:	7.SCHOLARSHIPS & GIFT AID:	8.AMOUNT OF PARENTS CONTRIBUTION:

SECTION V:

FINANCIAL INFORMATION		
1.FATHER'S MONTHLY INCOME (After Tax):	2.MOTHER'S MONTHLY INCOME (After Tax):	3.FAMILY BUSINESS (Monthly – After Tax):
EUR: _____	EUR: _____	EUR: _____
4.OTHER MEMBERS OF THE HOUSEHOLD:	5.INTEREST OR DIVIDENDS:	6.PENSION:
EUR: _____	EUR: _____	EUR: _____
7. HOW MUCH (in Euros) CAN YOUR FAMILY CONTRIBUTE TO YOUR CHILDS' YEARLY STUDY AT QSI INTERNATIONAL SCHOOL OF BRATISLAVA?		
EUR: _____ PER YEAR		



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WARNING: PROVIDING FALSE AND/OR INCOMPLETE INFORMATION MAY JEOPARDIZE AN APPLICANT'S FINANCIAL ASSISTANCE STATUS.

SIGNATURE AND AUTHORIZATION:

WE DECLARE THAT THE INFORMATION ON THIS FORM IS TRUE, CORRECT AND COMPLETE. QSI INTERNATIONAL SCHOOL OF BRATISLAVA HAS OUR PERMISSION TO VERIFY THE INFORMATION PROVIDED BY OBTAINING DOCUMENTATION AS NEEDED.

☐ **FATHER'S SIGNATURE:** _____

☐ **MOTHER'S SIGNATURE:** _____

HOW DID YOU HEAR ABOUT US?

<input type="checkbox"/> FAMILY	<input type="checkbox"/> FORMER STUDENT	<input type="checkbox"/> FRIEND/COLLEAGUE	<input type="checkbox"/> FACEBOOK
<input type="checkbox"/> GOOGLE/INTERNET SEARCH	<input type="checkbox"/> QSI BUS ADVERT	<input type="checkbox"/> NEWSPAPER/MAGAZINE ARTICLE (WHICH ONE: _____)	<input type="checkbox"/> QSI ADS (HOW: _____)
<input type="checkbox"/> WORD OF MOUTH	<input type="checkbox"/> OTHER: _____		

*THANK YOU FOR YOUR INTEREST IN QSI INTERNATIONAL SCHOOL OF
BRATISLAVA!*

The QSI Advisory Board