

STUDENT REGISTRATION FORM 2025-2026

Student Information

First Name:	Middle Name:	Last Name:
Date of Birth:	Place of Birth:	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female
Citizenship(s):	Passport Number:	
Grade Applying to:	Siblings in School: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Name:	School:	
Name:	School:	
Name:	School:	
Name:	School:	
Street Name:	Unit#:	City/Town:
District:	Postal Code:	Home Phone#:
Medical Alert Information/ Disability/Allergies?		
Country of Birth:	Expatriate Students Only:	
Province of Birth:	Country of Last Residence:	
First Language:	Arrival Date:	
Main Language(s) Spoken at Home:	Status In Uzbekistan:	
	Language(s) Spoken at Home:	
	How long do you intend to stay in Tashkent?	

Parent/Guardian Information #1

First Name:	Middle Name:	Last Name:
Relationship to Student:		
Emergency Contact Priority: 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/>		
Home Phone #:	Business Phone #:	
Cell Phone #:	Email Address:	

Street Name:		City/Town:	
Unit #:	District:		Postal Code:
Parent/Guardian Information #2			
First Name:	Middle Name:		Last Name:
Relationship to Student:			
Emergency Contact Priority: 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/>			
Home Phone #:		Business Phone #:	
Cell Phone #:		Email Address:	
Street Name:		City/Town:	
Unit #:	District:		Postal Code:
Emergency Contact Information (other than Parent)			
First Name:	Middle Name:		Last Name:
Relationship to Student:			
Home Phone #:		Business Phone #:	
Cell Phone #:		Email Address:	
Educational Background			
Previous School Attended:			
City:		Country:	
Departure Date:		Last Grade Attended:	
Transfer Reason:			
Has your child previously received English Training?			
Has your child previously received Special Education Assistance? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure			
Authorization			
I hereby certify that the above information contained on this form is accurate			
Signed (Parent/Guardian):		Parent/Guardian Name:	Date_____
			yyyy/mm/dd