



QSI International School of Sarajevo

Filled in by QSI School

To whom it may concern,

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

Name _____

Birth Date _____

Nationality: _____

Passport No.: _____

Attending Period: _____

QSI International School of Sarajevo
Omladinska #16
71320 Vogosca
Sarajevo, Bosnia & Herzegovina

Phone: 387-(0)33-424-450 ;

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

Registration Email: sarajevo@qsi.org

Please see the permission form from the parents below.

Filled in by parents

Permission Form

I _____ authorize QSI International School of Sarajevo
(Parent Name)

the right to request _____ 's
(Student Name)

school records from _____
(Previous School Name)

(Previous School Address)

(Previous School Phone/Fax/Email)

Parent Signature: _____

Date: _____



Omladinska #12, 71320 Vogošća
Bosnia & Herzegovina
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