#### **Al Wataniya International School**

PO Box 22698 Doha, Qatar T: (+974) 4017-4930

info@awisdoha.com www.awisdoha.com



### المدرسة الوطنية الدولية

صندوق بريد 22698 الدوحة - قطر هاتف 40174930

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# **Application Form**

Full legal name (as on	passport. This will be used for	all school reports and offic	ial documentation)		
First name (for use in school) Last na		Last name (for use in	Me (for use in school)		
				Fix 2	
Date of birth	Nationality	Muslim?		passport photos here	
		O Yes	O No	priotos nere	
Gender	Qatar ID	Fluent Ar	abic speaker?		
O Male O Female		O Yes	O No	<u> </u>	
2. Education					
Most recent scho	ool / nursery report —				
School name			Date of report	Country	
7   confirm   have attach	ed a copy of the most recent r	anart to this Application Fo	- '	'	
	een identified as having e details (attach reports if ap		earning difficulties? (	Yes O No	
f Yes, please provide		opropriate)		Yes O No	
f Yes, please provide	e details (attach reports if ap	opropriate)		Yes O No	
Yes, please provide	e details (attach reports if ap	opropriate)	nch reports if appropriate)	O Yes O No	
f Yes, please provide	e details (attach reports if ap	opropriate)	nch reports if appropriate)  For Office use:		
f Yes, please provide	e details (attach reports if ap	opropriate)	reports if appropriate)  For Office use:  Follow up req'd?:	O Yes O No	
f Yes, please provide	e details (attach reports if ap	opropriate)	For Office use:  Follow up req'd?:  Medical plan agreed?:	O Yes O No O 1 O Yes O No O 1	
f Yes, please provide	e details (attach reports if ap	opropriate)	For Office use:  Follow up req'd?:  Medical plan agreed?:  Added to WebSatchel?:	O Yes O No O 1 O Yes O No O 1	
f Yes, please provide  3. Medical Details  List any medical com	e details (attach reports if ap	opropriate)	For Office use:  Follow up req'd?:  Medical plan agreed?:  Added to WebSatchel?:  Sign & date (Nurse):	O Yes O No O 1 O Yes O No O 1	
For Office use:	plaints (illnesses, allergies or	ppropriate)	For Office use: Follow up req'd?: Medical plan agreed?: Added to WebSatchel?: Sign & date (Nurse):	O Yes O No O N	
If Yes, please provide  3. Medical Details  List any medical com	plaints (illnesses, allergies or Te	opropriate)	For Office use:  Follow up req'd?:  Medical plan agreed?:  Added to WebSatchel?:  Sign & date (Nurse):	OYes O No OYes O No On OYes O No On	

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Student name	ady in AWIS or appl Class (if in AWIS), or Date of birth	Student name		Class (if in AWIS or Date of birth	
6. Guardians		<u> </u>			
Father's details		Mother's de	tails		
Full name		Full name			
Employer		Employer			
Qatar ID Mobile		Qatar ID	Mob	ile	
Email address		Email address			
Others authorised to collect you Name  1 2.	ur child / emergend Qatar ID	cy contacts — Mobil	e R	elationship to child	
7. Fee Payment  Fees are normally invoiced in the name of the father. If this is not suitable, indicate your preferences at right:	Company: Address: Contact person: Phone:		Email:		
8. Checklist					
Consent Form - signed	☐ 2 x passport photos of child		☐ Assessment Fe	e paid	
☐ Qatar ID and passport of child - copy	☐ Immunisation record of child - copy ☐ Most recent school report - copy		☐ Birth certificate of child - copy ☐ Letter of employment from child's sponsor's workplace		
Qatar ID of father - copy			sponsor's work	place	
Qatar ID of father - copy  9. Declaration			sponsor's work	place	
	of my knowledge, co on to accept my child the Fee Policy and th	orrect and I have not v I ne Undertaking (see t	withheld anything the Consent Form)	that could have a	

5. Siblings

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## المدرسة الوطنية الدولية

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# **Consent Form for**

Full le	egal name:
1. Emerg	encies
I hereby	☐ agree, or ☐ DO NOT agree that: (tick whichever applies)
	If I or my authorised contacts cannot be reached then, in the case of an emergency, school personnel have my full permission to seek emergency medical treatment for my child. This may include transportation to the nearest Government Hospital.
2. Photog	graphy
I hereby	☐ agree, or ☐ DO NOT agree that: (tick whichever applies)
	I give permission for photographs taken of my child to be published on the school's website, Facebook page, newsletter and any other publicity materials (whether printed, broadcast or online) used by the school.
3. Fee Po	olicy
a. The Fee	e Schedule is available from the School Office. It is subject to change from time-to-time.
b. A one-o	off Assessment Fee is payable at the time your child is assessed for a place in the school.
c. A one-o	off Registration Fee is payable when you accept the offer of a place for your child.
	mly Fees are payable in advance, as per the payment date on the invoice. Failure to pay by the due date may n your child's school place being withdrawn.
	nool dates are available from the School Office or can be downloaded from our website. There will be no on in fees where a child returns to school after the start of a term or is absent for part of the school year.
that ser	a new student first joins the school more than 4 weeks after the start of a term, the Tuition Fee relating to mester will be reduced on a prorata basis. There will be no reduction in other charges. Fees for returning ts will not be discounted or prorated under any circumstances.
g. Where a	an existing student leaves the school there will be no refund of fees.
Student returnir	an existing student is to leave the school, half a term's notice must be given to the School Office in writing. Its not returning after the summer holidays must therefore give such notice before the middle of Term 3. Those ng after the summer holidays will be required to pay a non-refundable holding deposit, deductible against the ng term's fees.
i. All fees	and charges are non-refundable and non-transferable.
j. School p	policy is to not offer any sibling discount.
4. Under	taking
I hereby un	ndertake and agree that:
a. I shall r	respect the school's policies and procedures. These are summarised in the Parent Handbook and a complete is available for inspection at Reception.
b. I have r	read, understood and agree to be bound by the contents of this Consent Form, as set out above.
Name (pri	int name of person completing this form) Signature Date
1	

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