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DOHA BRITISH SCHOOL

PO Box 6142, Doha, Qatar
Tel: +974 4019 8000 Fax: 4450 2235
Email: admissions@dohabritishschool.com
Web: www.dohabritishschool.com

APPLICATION FORM 2017-2018

APPLICANT'S DETAILS

PLEASE ENTER APPLICANT'S DETAILS EXACTLY AS IT APPEARS ON HIS/HER PASSPORT

Family name:		First name:		Middle name:	
Date of birth: (DD/MM/YYYY)	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	Place of birth:		Nationality:	
Passport number:		Residence Permit Number:		Residence Visa Expiry:	
First language at home:		Other languages spoken:		Religion:	
Date placement required:			Date applicant arrives to Doha:		
Applying for: <input type="checkbox"/> Pre-school <input type="checkbox"/> Reception <input type="checkbox"/> Primary (Y1-Y6): _____					
<input type="checkbox"/> Secondary (Y7-11): _____ <input type="checkbox"/> AS Level (Y12) <input type="checkbox"/> IB (Y12-13)					

CURRENT AND PREVIOUS EDUCATION

Class Attended	Dates Attended	Name and Address of Nursery/School	Curriculum Followed

OFFICE USE ONLY

Documentation received:
 Medical Form
 Passport copy – applicant
 Passport copy – father
 Passport copy – mother
 Resident Permit – applicant
 Resident Permit – father
 Resident Permit – mother
 Birth Certificate
 Vaccination Records
 Previous School Report
 Y10: Subject Choices
 AS Level/IB: Predicted Grades
 SEN Reports

Sibling in school:

Assessment date:

Application received by

PARENTS' CONTACT INFORMATION

THE ADMISSIONS DEPARTMENT MUST BE INFORMED IMMEDIATELY OF ANY CHANGES TO CONTACT INFORMATION

Father's family name:	Father's first name:
Mobile number:	Email:
Nationality:	Languages spoken:
Profession:	Employer:
Business address:	Office tel:

Mother's family name:	Mother's first name:
Mobile number:	Email:
Nationality:	Languages spoken:
Profession:	Employer:
Business address:	Office tel:

Residential address:	
Home phone number:	
Parent whom the school will contact in the first instance: <input type="checkbox"/> Father <input type="checkbox"/> Mother	Invoice will be billed to: <input type="checkbox"/> Father <input type="checkbox"/> Mother

Emergency Contact Person	Name:
Relationship to parents:	Contact number:

OTHER INFORMATION

Siblings currently attending DBS		Siblings also applying to DBS	
Name	Class	Name	Class

Does your child wear spectacles all the time? <input type="checkbox"/> Yes <input type="checkbox"/> No	For Pre-school and Reception: Is your child toilet-trained? <input type="checkbox"/> Yes <input type="checkbox"/> No
Your child will be expected to participate in all lessons including and not limited to Music (playing an instrument), PE, and Swimming. <input type="checkbox"/> Yes <input type="checkbox"/> No, _____	
Will your child be able to participate in these activities? _____	
Has your child ever received any learning, behavioural or one-on-one support? (Where it is discovered that information has been withheld, the applicant's placement may be withdrawn.) <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, please provide details of any learning or behavioral difficulties experienced. (Please submit copies of Special Education Needs reports from relevant professional institutions along with the Application Form.)	

PARENT/GUARDIAN UNDERTAKING

In the event of my son/daughter being awarded a place at Doha British School (DBS), I hereby undertake and agree that:

- all students shall be subject to the rules, regulations and discipline as laid down by the Principal or designated representatives and as outlined in student code of conduct and school policies
- it is the parent's/guardian's responsibility to ensure that the student attends school regularly. DBS has a minimum attendance level of 95% which must be adhered to
- if a pupils attendance falls below 95% and if the absence is unauthorised the parents will be called into a meeting with the Head of School and/or Principal. A warning will be issued. If the situation does not improve a second warning will be issued. If there continues to be no improvement in attendance, the school reserves the right to withdraw the school place.
- the Principal reserves the right to request the removal of a student, whose work or behavior is unsatisfactory, without a term's notice. No refund will be given in such circumstances
- the Principal has the right to ask for a student to be withdrawn if fees are outstanding
- it is a condition of any offer of a place that parents/guardians have given all the information relevant to the application, including details of academic, behavioral and/or social problems. Where it is discovered that information has been withheld, the pupil's placement may be withdrawn. If, at some future date, it becomes evident that we are unable to meet a student's educational and/or social needs at DBS, we reserve the right to withdraw the school place
- in exceptional circumstances a place will be offered to an applicant whose English Language is considered to be inadequate. In such circumstances the place will be conditional upon the parents agreeing to pay an additional amount for specialist support (see terms & conditions).
- photographs and video/ movie clips of my child may be used by DBS in promotional materials such as the school website, in-house slide presentations, brochures and the Yearbook
- the Principal reserves the right to assess staffing, timetables, dates and hours of opening and to make changes to these under extreme circumstances
- written notice of withdrawal of a pupil will be given one (1) full term prior to the pupil leaving the school. If such notice is not given, a full term's fee will be payable in lieu of notice
- I agree that the seat offered by DBS is conditional on supplying attested end of year reports and a certificate of equivalency (issued by the SEC) prior to starting school in September (this applies only to students coming from abroad and joining Year 2 or higher).
- application form is valid for 1 academic year.
- incomplete applications will not be accepted.
- students who are offered a place at DBS can only start attending once a valid Resident's Permit (RP) has been presented to the admissions office

I further agree that Doha British School is absolved from any responsibility for:

- the loss of valuables
- accident or mishap occasioned by participating in a normal life risk activity including, but not confined to, organised sports, school trips, gymnastics, informal play, craft and practical work
- the welfare and safety of the student outside the normal timetable day and/or in activities formally supervised by authorised members of staff of DBS. This includes safe delivery and collection of students to and/or from the school
- any accident or mishap that occurs as a result of a student's activity, which is without permission including, but not confined to, leaving the premises

IN SIGNING BELOW I CONFIRM THAT I HAVE READ THE TERMS AND CONDITIONS SET OUT IN THE PARENT/GUARDIAN UNDERTAKING AND I AGREE TO BE BOUND BY THESE TERMS.

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Parent's/Guardian's Name

Signature

Date (DD / MM / YYYY)

FEE REGULATIONS

The school year is divided into three terms and Tuition Fees are payable per term. The Consumables Levy is levied with the first term Tuition Fees payable for each Academic Year. All tuition fees are non-refundable. No reduction is made for temporary absence or illness, or early withdrawal for whatever reason.

Herein after, fees reference both Tuition Fees and Consumables Levy.

ADMISSION FEES

- an Application Fee of QR250 (non-refundable) is due at the time of submission
- an Assessment Fee of QR300 (non-refundable) is due for entrance assessment for all students
- a Registration Fee of QR3000, the first term Tuition Fees and Consumables Levy per student child is payable upon the child's admission to the school

ALL OF THE ABOVE ARE NON-REFUNDABLE.

ANNUAL FEES

- future Tuition Fees are due within 30 days of invoice
- invoices for Tuition Fees will be sent home with the student. Tuition Fees are due within 30 days of invoice
- payment of Application and Assessment Fee does not guarantee the applicant a placement at DBS
- application is valid for one (1) academic year
- fees are subject to annual review and payment may be made by cash or cheque made payable to DBS
- parents who receive full or partial payment for school fees from their employer are responsible for the prompt payment of all school fees. Parents are fully responsible for payment of all fees – the school will not enter into correspondence with 3rd parties regarding this
- written notice of withdrawal of a pupil must be given one (1) full term prior to the pupil leaving the school. If such notice is not given, one term's fees will be payable in lieu of notice.

IN SIGNING BELOW I CONFIRM THAT I HAVE READ THE TERMS AND CONDITIONS SET OUT IN THE FEE REGULATIONS AND I AGREE TO BE BOUND BY THESE TERMS AND CONDITIONS.

Parent's/Guardian's Name	Signature	Date (DD / MM / YYYY)

HOW DID YOU HEAR ABOUT THE SCHOOL?

- Word of mouth Advertisement Drove by Search engine Other _____

Please attach
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MEDICAL FORM

PLEASE COMPLETE ALL SECTIONS AND SUBMIT WITH THE APPLICATION FORM TO THE ADMISSIONS OFFICE.

Family name:	First name:	Middle name:
Date of birth: (DD/MM/YYYY)	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	Year group:

INFECTIOUS DISEASES

Has your child ever had:	Yes	No	If yes, please write date of infection
Chickenpox			
Diphtheria			
German measles			
Measles			
Mumps			
Polio			
Scarlet Fever			
Tuberculosis			
Whooping cough			

OTHER CONDITIONS

Does your child suffer from:	Yes	No	If yes, please give details and treatment used
Asthma			
Allergies: _____	<input type="checkbox"/> Mild <input type="checkbox"/> Moderate <input type="checkbox"/> Severe		
Diabetes			
Epilepsy			
Other: _____			

	Yes	No	If yes, please give details and treatment used
Does your child take any regular medication?			
Has your child undergone any minor or major surgery?			
Has your child been hospitalized for any sickness in the last five (5) years?			

MEDICAL CONTACT

Doctor's name:	Specialty:
Office/Clinic Tel:	Mobile:
Medical Center name:	Contact Person:
Office/Clinic Tel:	Mobile:

PERMISSION FORM

Do we have your permission to provide emergency care through a clinic, hospital, private doctor, or school first aid person as necessary?

Yes No

Do we have your permission for our nurse to administer Calpol (Paracetamol) where deemed necessary?

Yes No

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Parent's/Guardian's Name

Signature

Date (DD/MM/YYYY)