Please attach photograph here



RAWDAT AL-HAMAMA

PO Box 6142, Doha, Qatar Tel: +974 4019 8008 Fax: 4450 2235 Email: admissions@dbsrawdat.com Web: www. dbsrawdat.com

APPLICATION FORM 2022-2023

APPLICANT'S DETAILS

Ge				Middle name:	
	ender:	Place of birth:		Nationality:	
	Residence Permit Number:		Residence Visa Expiry:		
	Other languages spoken:			Religion:	
uired:		Date applicant arrives to Doha:			
Pre-school	Recep	otion [Prim	ary (Y1-Y6):	
Secondary (Y7-10)	:				
(CURRENT AND PE	REVIOUS EDUCAT	ION		
Dates Attended	Name and Addr	Name and Address of Nursery/School		Curriculum Followed	
	OFFICE	USE ONLY			
l: plicant			Siblir	ng in school:	
_ Passport copy – father _ Passport copy – mother _ Resident Permit – applicant		Other documents: SEN Reports		Assessment date:	
father mother ds			Appli	ication received by	
	Pre-school Secondary (Y7-10) Dates Attended I: plicant ther other applicant father mother	CURRENT AND PI Dates Attended Name and Addr Dates Attended Name and Addr OFFICE Explicant cher cother applicant father mother SEN Reports dis	Date applicant arrives to Doha: Courreschool	Date applicant arrives to Doha: CURRENT AND PREVIOUS EDUCATION	











PARENTS' CONTACT INFORMATION

THE ADMISSIONS DEPARTMENT MUST BE INFORMED <u>IMMEDIATELY</u> OF ANY CHANGES TO CONTACT INFORMATION. ASSESSMENT INVITATIONS WILL BE SENT TO THE EMAIL ADDRESSES BELOW THEREFORE PLEASE ENSURE ACCURACY.

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:	☐ Father ☐ Mother	Invoice will be billed to:	Father Mother
Emergency (Contact Person	Name:	
	Contact Person		
Relationship to parents:		Contact number:	
Relationship to parents:	OTHER INF	Contact number:	
Relationship to parents: Siblings current	OTHER INF	Contact number: CORMATION Siblings also a	applying to DBS
Relationship to parents:	OTHER INF	Contact number:	applying to DBS Class
Relationship to parents: Siblings current	OTHER INF	Contact number: CORMATION Siblings also a	T
Relationship to parents: Siblings current	OTHER INF	Contact number: CORMATION Siblings also a	T
Relationship to parents: Siblings current	OTHER INF	Contact number: CORMATION Siblings also a	T
Relationship to parents: Siblings current Name Does your child wear spectacles all the time? Your child will be expected to not limited to Music (playing a	OTHER INF tly attending DBS Class Yes No participate in all lessons includinan instrument), PE, and Swimmin	Contact number: Siblings also a Name For Pre-school and Reception: Is your child toilet-trained? g and	Class
Relationship to parents: Siblings current Name Does your child wear spectacles all the time? Your child will be expected to not limited to Music (playing Will your child be able to part Has your child ever received a	OTHER INF tly attending DBS Class Ves No participate in all lessons including an instrument), PE, and Swimming icipate in these activities? any learning, behavioural or one-information has been withheld,	Contact number: Siblings also a Name For Pre-school and Reception: Is your child toilet-trained? g and g. Yes No	Class Ves No
Relationship to parents: Siblings current Name Does your child wear spectacles all the time? Your child will be expected to not limited to Music (playing will your child be able to part Has your child be able to part the applicant's placement must be specified in the policies of the provided experies of the provided	OTHER INF tly attending DBS Class Yes No participate in all lessons including an instrument), PE, and Swimming incipate in these activities? any learning, behavioural or one-information has been withheld, may be withdrawn.	Contact number: CORMATION Siblings also a Name For Pre-school and Reception: Is your child toilet-trained? g and g.	Class Yes No Yes No

PARENT/GUARDIAN UNDERTAKING

In the event of my son/daughter being awarded a place at Doha British School Rawdat Al-Hamama (DBSR), 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. DBSR 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.
- Arabic language subject is only delivered and compulsory to all students of Arab nationality/passport. Non-Arab students can only take Spanish/French depending on year group.
- 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 DBSR, 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 DBSR 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 DBSR is conditional on supplying attested end of year reports and a certificate of equivalency (issued by the Ministry of Education and Higher Education) 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 DBSR 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.

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 resources 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. Full term fees including registration and resources levy are applicable and non-refundable once placement is confirmed regardless of the joining date as mentioned in the Admission policy (4.3)

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

ADMISSION FEES

- An Application Fee of QR500 (non-refundable) is due at the time of submission
- An Assessment Fee of QR500 (non-refundable) is due for entrance assessment for all students
- A Registration Fee of QR3650, 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/Guar	dian's Name	Sign	nature	Date	(DD / MM / YYYY)
HOW DID YOU HEA Word of mouth	R ABOUT THE SCHOO Advertisement	<u> </u>	Social media:FacebookInstagramSnapchat	Drove by	Other:

Please attach photograph here



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MEDICAL FORM

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

Family name:	First nan	ne:		Middle name:
Date of birth:				
(DD/MM/YYYY)	Gender:			Year group:
	II	IFECTIOUS I	DISEASES	
Has your child ever had:	Yes	No		s, please write date of infection
Chickenpox	res	NO	ii yes	s, please write date of illection
Diphtheria				
German measles				
Measles				
Mumps				
Polio				
Scarlet Fever				
Tuberculosis				
Whooping cough				
		THER CON	DITIONS	
Does your child suffer from:	Yes	No	If yes, pl	ease give details and treatment used
Asthma				
	Mild			
Allorgios				
Allergies:	☐ Moderate			
	Severe			
Diabetes				
Epilepsy				
Other:				

Yes No If yes, please give details and treatment						
MEDICAL CONTACT MEDICAL CONTACT Doctor's name: Specialty: Mobile: Medical Center name: Contact Person: Office/Clinic Tel: Mobile: PERMISSION FORM o we have your permission to provide emergency care through a clinic, hospital, private doctor, rst aid person as necessary? Yes \Boxedown No o we have your permission for our nurse to administer Calpol (Paracetamol) where deemed necessary)		Yes No	o If yes, plea	se give details and treatment used		
minor or major surgery? Has your child been hospitalized for any sickness in the last five (5) years? MEDICAL CONTACT Doctor's name: Office/Clinic Tel: Medical Center name: Office/Clinic Tel: Mobile: PERMISSION FORM of we have your permission to provide emergency care through a clinic, hospital, private doctor, and person as necessary? Office we have your permission for our nurse to administer Calpol (Paracetamol) where deemed necessary.						
MEDICAL CONTACT Doctor's name: Office/Clinic Tel: Medical Center name: Office/Clinic Tel: Mobile: PERMISSION FORM of we have your permission to provide emergency care through a clinic, hospital, private doctor, st aid person as necessary? We have your permission for our nurse to administer Calpol (Paracetamol) where deemed necessary and the provided in the						
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L Yes		arse to admin		amoi) where deemed necessary?		
	└─ Yes		└─ No			
Parent's/Guardian's Name Signature Date (DD/MM/YY						