

Return to:
The Registrar
Doha College
P O Box 7506
Doha
State of Qatar
Tel and Fax: +0974 4681672
Email: admissions@dohacollege.com
Website: www.dohacollege.com



Education for Life

DOHA COLLEGE PRIMARY

APPLICATION FORM

NB: Any information given on this form will be kept strictly confidential. Please therefore, give full particulars.

PLEASE PRINT

Date of Application: Date of Proposed Entry:

PARTICULARS OF CHILD

Family Name: Child's First Name:

Other Names: Name Child is known by:

Male/Female: Date of Birth:

Country of Birth: Nationality

Mother Tongue: First Language: Religion:

DETAILS OF PREVIOUS SCHOOLING

School: From: To:

School: From: To:

School: From: To:

School: From: To:

School: From: To:

Siblings: [Please list below the names and class of any of your children who are currently attending either Doha College Secondary or Doha College Primary and/or the names (with dates) of children who have attended the College in the past].

Additional Information: List any other relevant information such a special help or advanced classes taken, disciplinary problems etc. (It is a condition of acceptance to Doha College Primary that all relevant information has been given at the time of application).

PARENTS'/GUARDIANS' DETAILS

	Father/Male Guardian	Mother/Female Guardian
Family Name and Title:		
Other Names:		
Nationality:		
Mother Tongue:		
Profession/Occupation:		
Sponsor in Qatar:		
Business Name and P O Box in Qatar:		
Residential Address in Qatar:		
Residential Address Overseas:		
Office Telephone/Fax:		
Residence Telephone:		
Mobile Telephone:		
E-Mail Address:		

SIGNATURE: **DATE:**

INFORMATION RECORD

Does your child wear spectacles all the time? YES NO

Does your child wear spectacles for reading only? YES NO

Does your child have any known disabilities? YES NO

Details:

Does your child suffer from any allergies? YES NO

Details:

PERSON(S) TO CONTACT IN CASE OF EMERGENCY IF PARENTS ARE UNAVAILABLE.

Name: Relationship to Child:

Company: Tel No:

Name: Relationship to Child:

Company: Tel No:

Name: Relationship to Child:

Company: Tel No:

YOUR DOCTOR:

TEL NO:

DO WE HAVE YOUR PERMISSION TO PROVIDE EMERGENCY CARE THROUGH A CLINIC, HOSPITAL, PRIVATE DOCTOR OR SCHOOL FIRST AID PERSON AS NECESSARY?

YES

NO

NAME OF PARENT (IN BLOCK CAPITALS)

.....

SIGNATURE OF PARENT

.....

DATE:

PARENT/GUARDIAN UNDERTAKING

In the event of my child being awarded a place at Doha College, I hereby undertake and agree that:-

1. All students shall be subject to the rules, regulations and discipline as laid down by the Board of Governors or its designated representatives.
2. Doha College 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 Doha College. This includes safe delivery and collection of students to and / or from the College.
 - * Any resulting accident or mishap should a student take unilateral action which is extra-curricular and without permission including, but not confined to, leaving the premises without permission
3. I understand that the College is a non-profit making institution administered by a Board of Governors whose members give their services voluntarily and without payment or remuneration of any kind. I accordingly release and absolve the members of the Board from all personal liability in respect of the affairs of the College.

IN SIGNING BELOW I CONFIRM THAT I HAVE READ THE TERMS AND CONDITIONS SET OUT IN THE UNDERTAKING ABOVE. I AGREE TO BE BOUND BY THESE TERMS AND CONDITIONS AND BY THE FEE REGULATIONS IF MY CHILD IS SUCCESSFUL IN GAINING ADMISSION TO DOHA COLLEGE.

Parent's or Guardian's Name

Parent's or Guardian's Signature Date