

Return to:  
 The Registrar  
 Doha College  
 P O Box 7506  
 Doha  
 State of Qatar  
 Tel. and Fax: +974 4681672



Education for Life

Date .....

**DOHA COLLEGE SECONDARY  
 APPLICATION FORM**

**DETAILS OF STUDENT**

*(Note: The names given will be used in correspondence, reports and certificates)*

<b>Family Name (Surname):</b>		<b>Forename:</b>	
<b>Middle Name:</b>		<b>Chosen Name:</b> <i>(if different from forename)</i>	
<b>Male/Female:</b>		<b>Date of Birth:</b>	
<b>Nationality:</b>		<b>Country of Birth:</b>	
<b>Religion:</b>	<b>Mother Tongue:</b>	<b>First Language:</b>	
<b>Current School Year/Grade:</b>		<b>Knowledge of French</b> (level/years of study):	
<p><b>Previous Schools Attended:</b> (Please include dates). If the test is to be taken outside Qatar please provide the name of the person prepared to supervise the entrance test together with the address, telephone and fax. numbers of the current school.</p> <hr/> <hr/> <hr/>			
<p><b>Siblings:</b> Please list below the names of any of your children who are currently attending Doha College and/or the names [with dates] of children who have attended the college in the past.</p> <hr/> <hr/> <hr/>			

**Proposed date of entry to the College:** .....month .....year

**State of Health:** Please give details of illness, allergies, operations, injuries etc., since birth. Continue on a separate sheet if necessary.

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

**PARENTS'/GUARDIANS' DETAILS**

	<b>Father/Male Guardian</b>	<b>Mother/Female Guardian</b>
<b>Family Name and Title:</b>		
<b>Other Names:</b>		
<b>Nationality:</b>		
<b>Mother Tongue:</b>		
<b>Profession/Occupation:</b>		
<b>Sponsor in Qatar:</b>		
<b>Business Name and P O Box in Qatar:</b>		
<b>Residential Address in Qatar:</b>		
<b>Office Telephone:</b>		
<b>Residence Telephone:</b>		
<b>Mobile Telephone:</b>		
<b>E-Mail Address:</b>		
<b>Emergency Contact:</b> (Details of a third person, <b>other than parents</b> , for use in a medical emergency when the parents cannot be contacted.)		

**Parent's or Guardian's Signature:** ..... **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 .....**