

**ABIK & ABIS**  
**Student Enrolment Application Form**  
**2015 - 2016**

Please  
attach a  
recent  
passport  
size photo  
here

Please complete **ALL** parts of this form to apply for a place for your child to join our school and submit to our admissions department with copies of all documents (see list at end of this application) along with the non-refundable registration fee. An interview will be arranged with the Principal. The application will be processed and should a place be available a written offer will be prepared.

Applying for place in                       **KG 1**                       **KG2**                       **Grade 1**                       **Grade 2**

**Student Information:** (Details same as on passport)

<b>First Name</b>	<b>Middle Name</b>	<b>Family/Last Name</b>
<b>Date of Birth</b> (DD/MM/YYYY)	<b>Gender:</b> <input type="checkbox"/> Male <input type="checkbox"/> Female	<b>Nationality:</b>
<b>Passport Number:</b>	<b>Qatar Residence Number:</b>	<b>Qatar Residence expiry</b> (DD/MM/YYYY)
<b>First language spoken at home:</b>	<b>Other languages spoken:</b>	<b>Religion:</b>
<b>Home Address:</b>		
<b>Building Number:</b>	<b>Street Name &amp; Number:</b>	<b>Zone / Area Code:</b>
<b>PO Box address:</b>		<b>Home Phone Number:</b>

**Current & previous education details:**

School / nursery name & address	Dates attended from & to

**Parent/Guardian Contact Information**

Father/Guardian		Mother	
Full Name		Full Name	
Nationality		Nationality	
QID number		QID number	
Name of Employer		Name of Employer	
Profession		Profession	
Office telephone number		Office telephone number	
Mobile telephone number		Mobile telephone number	
Personal email		Personal email	
Work email		Work email	

**Emergency Contact Person:** (please provide 2 (two) emergency contact number)

Full Name	Contact Number	Relationship to parents

<b>Has your child ever received any learning or behavioural support?</b>  (Where it is discovered that information has been withheld, the applicant's place may be withdrawn)	<input type="checkbox"/> Yes <input type="checkbox"/> No
If Yes, please take an appointment with our Special Needs team to discuss this.	

**Parent / Guardian undertaking.**

I confirm the information provided on this application form is to the best of my knowledge and is true and accurate. I confirm I have legal custody of the child or I have the legal custodians consent to register this child at Al Bateel International School.

In the event of my son/daughter being accepted at Al Bateel International School I agree to:

- Accept the school fee policy, and understand that all fees are due in advance and are non-refundable.
- My child must wear the school uniform.
- ABIK School hours are between **7:00am – 1:30pm**. School gate opens at 6:45am. Students should not be dropped off prior to 6:45am. It is important that parents pick up their children no later than 1:45pm.

Name: ..... Signature: .....

QID number: ..... Date: .....

**Please attach the following documents with this application (please bring original documents when attending interview with Principal):**

Copies of student:

- Birth Certificate
- Passport
- Qatar Residence Permit page in passport
- Immunisation Record
- Previous school report (if applicable).

Also:

Passport, Qatar Residence Permit, Qatar ID card – front and back copies of Father / Guardian  
Passport, Qatar Residence Permit, Qatar ID card – front and back copies of Mother.

# Student Medical Form

Please  
attach a  
recent  
passport  
size photo

**Please complete, this information will be kept with the School nurse**

<b>Student Name:</b>	<b>Date of Birth</b>
<b>Gender:</b> <input type="checkbox"/> Male <input type="checkbox"/> Female	<b>Class</b>

**Medical information:**

Does your child suffer from:	Yes	No	If yes, please give details & treatment used
Asthma			
Allergies: (please advise if the allergy is Mild, Moderate or Severe)  1. ....  2. ....  3. ....			
Diabetes			
Epilepsy			
Other:			
Does your child take any regular medication?			
Has your child undergone any minor or major surgery?			
Has your child been hospitalised for any sickness in the last five (5) years?			

**Medical Telephone Contact Details**

Father/Guardian		Mother	
Name		Name	
Office Phone		Office Phone	
Mobile		Mobile	

**Emergency contact numbers:** (please provide at least 2 (two) emergency contact number)

Full Name	Contact Number	Relationship to parents

## Parent / Guardian Medical Consent Form

I .....(name of parent / guardian) give permission to Al Bateel International School to provide all necessary emergency medical, dental or other care to my child .....(full name of child).

Parent/Guardian Name.....

Signature: .....

QID: .....

Date: .....

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