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## ABIK Student Enrolment Application Form 2019-2020

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.

Pre-KG

KG 1

KG2

**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><br><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>Area Name:</b><br><b>Zone 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 |  |
| Personal email          |  | Personal email          |  |
| Work email              |  | Work email              |  |

**AL BATEEL INTERNATIONAL KINDERGARTEN**

P.O. Box 23281, Doha, Qatar

Phone +974 44 50 21 68 / 44 51 46 93/ 66062304

[albateel.kg@education.qa](mailto:albateel.kg@education.qa)

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

| Full Name | Contact Number | Relationship to parents |
|-----------|----------------|-------------------------|
|           |                |                         |
|           |                |                         |

|                                                                                                                                                                                     |                                                          |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------|
| <b>Has your child ever received any learning or behavioural support?</b><br><br>(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 principal 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 ABK fee policy, and understand that all fees are due in advance and are non-refundable.
- My child should wear the school uniform.
- ABK School hours are between **7:30am – 12:30pm**. We would appreciate if children are dropped off and collected at these times, as supervision is not provided outside school hours.

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).
- Copy from the previous school report card (if applicable).
- Student Health File

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.



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## Student Medical Form

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

|                                                                                 |                      |
|---------------------------------------------------------------------------------|----------------------|
| <b>Student Name:</b>                                                            | <b>Date of Birth</b> |
| <b>Gender:</b><br><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)<br>1. ....<br>2. ....<br>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 |
|-----------|----------------|-------------------------|
|           |                |                         |
|           |                |                         |
|           |                |                         |

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## 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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