
Section 1. General Information

Academic Year:

Entry Term:

First Name:

Middle Name:

Last Name:

Date of birth in Gregorian:

Date of birth in Hijri:

Age at the time of admission:

Does the applicant have a sibling
already enrolled at Doha Academy?

Yes

No

Nationality: (based on the passport
used for the iqama for non-Saudis)

Gender:

Male

Female

Iqama Number:

Iqama Expiry Date:

Passport Number:

Passport Valid From:

Passport Expiry Date:

ID Number (GCC Only):

GCC ID Expiry Date:

Religion:

Language spoken at home:

Yes

No

Fluent in English

Yes

No

Fluent in Arabic

Yes

No

Additional Languages(s):

Section 2. Schooling History

Current year/grade group

My child has not attended school yet: Yes No

Current School:

Previous School Curriculum: Other British American

If Other Please Specify

Is it possible that your child requires special educational support? Yes No

Does your child have any physical/ learning/behavioral difficulties? Yes No

Has your child encountered any difficulties at his/her previous school?

If you have answered yes to any of the above, please give further details and bring copies of any relevant reports: Yes No

Medicine Handout Consent Form: Yes No

Are there any family circumstances which you feel we should be aware of?

Does the applicant have a sibling already enrolled at? Yes No

Doha Academy?

Current year/grade group

Section 3. Home Address

House/Apt Number

Street/Building Name

District

Compound (if applicable)

Mother Mobile number and email:

Father Mobile number and email:

Home Telephone number:

Address of the mother or father if different from this address

Section 4. Parents/Legal guardian details

Parents Marital status:

- Divorced Married Separated

Fathers information

Title (Mr., Dr, Sheikh, etc.)

First name

Family name

Nationality

First Language

Local contact number (home)

Occupation

Email address

Employer name/company

Mothers information

Title (Mrs., Dr, etc.)

First name

Family name

Nationality

First language

Occupation

Local contact number(home)

Local contact number(mobile)

Local contact number(work)

Email address

Employer name/company

Section 5. Emergency Contacts

1 st Contact name

Contact number	
Relationship to student	
2 nd Contact name	
Contact number	
Relationship to student	
Student background information	
Please give us details if your child has received Learning Support or extra help (type and frequency of support):	
Details of any disciplinary, physical, social or psychological problem your child has:	
Please give us details if you have ever used special services (such as child/educational psychologist, child psychiatrist, speech therapist, audiologist, optometrist or other) for you child:	
Any other special circumstances	
Please detail any other special circumstances the school needs to be aware of concerning the student (e.g. parent separated/divorced, special living arrangement etc.)	
Section 6. Medical Conditions	
It is important that the school be made aware of any special circumstances regarding the health of your child. To this end, please complete the following by selecting "Yes" or "No"	
Does your child suffer from	<input type="checkbox"/> Yes <input type="checkbox"/> No
Diabetes	<input type="checkbox"/> Yes <input type="checkbox"/> No
Nut Allergies	<input type="checkbox"/> Yes <input type="checkbox"/> No
Other Allergies	<input type="checkbox"/> Yes <input type="checkbox"/> No
Epilepsy	<input type="checkbox"/> Yes <input type="checkbox"/> No
Non-Epileptic Convulsions	<input type="checkbox"/> Yes <input type="checkbox"/> No
Eyesight Difficulties	<input type="checkbox"/> Yes <input type="checkbox"/> No
Hearing Difficulties	<input type="checkbox"/> Yes <input type="checkbox"/> No
Take Regular Medication	<input type="checkbox"/> Yes <input type="checkbox"/> No

Eczema	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Undergone Major Surgery	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Any Serious Illness	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Asthma - Requires Medication	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Mild Asthma	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Has your child ever had any of the following diseases

German Measles (Rubella)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Measles	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Mumps	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Chicken Pox	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Meningitis	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Hepatitis	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Glandular Fever	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Whooping Cough	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Flu	<input type="checkbox"/> Yes	<input type="checkbox"/> No

If you answered "Yes" to any of the above medical conditions, please provide further details. The School cannot accept responsibility for the consequences of withheld relevant information that would otherwise ensure your child's welfare.

In addition to the above, are there any other details you feel we should be aware of regarding your child's health?

Has your child been inoculated against

Polio / Tetanus / Diphtheria	<input type="checkbox"/> Yes	<input type="checkbox"/> No
B.C.G. (TB)		
Measles, Mumps, Rubella (MMR)		
Polio		
Meningitis, A, C, W135, Y		
Tetanus		

Authorization

Please read the following carefully before signing the authorization below:

In an emergency, the school will take whatever action is required to safeguard your child and avoid any delay that would otherwise jeopardize their life or recovery, with the understanding that every effort will be made to contact you immediately

However, there are numerous "non-emergencies" that occur every week, when students come to the Clinic with minor ailments. These can be treated with generally available medications.

The medications that are held by the school or their equivalent are: Paracetamol sold as Panadol or Fevadol; Ibuprofen sold as Brufen, Advil or Junifen; Strepsils which are throat lozenges; Rennies; Motillium for heartburn and stomach ache; and antihistamines for allergic reactions.

It may be that you would not wish your child to receive these or indeed any medication at all. However, if you would like your child to be able to be given any of these mild treatments, the school requires your written authorization in the form of your signature below.

Please note that the Medical staff will not administer medication to your child without this authorization.

In the event of an emergency, I have no objection to the Medical staff in the Clinic administering necessary medication to my child, or to my child being taken to a hospital for treatment, if required.

Please select one of the following options:

I hereby authorize the school to administer the above listed medications at the discretion of the Medical staff. I hereby instruct the school NOT to administer any medication at all.

Parent/Guardian name:

Signature:(To be signed at our office)

Date:

Please note it is your responsibility to inform us if there is any change in your child's medical condition (i.e. newly developed allergies)

Tuition Fee Amount:

Parent Signature:

PARENT'S/LEGAL GURDIAN'S STATEMENT

I have truthfully completed the application and enclosed all supporting documents.

I understand that if I fail to disclose anything that is pertinent to this application and admission for my child, if issued, could be withdrawn.

I have read and accept the admissions policy of Doha Academy school.

Parent's or legal guardian name:

Parent's or legal guardian signature:

Date:

MEDICINE CONSENT FORM

In case the student is ill in School, I..... The parent of Consent the school to administer treatment as per illness of the following medicine/s (if required); and informing me of his/ her sickness.

Please tick-✓ on the medicine we can give to your child:

- Fevadol Adol Temptra Fenestil Nurophen

Parent's name:

Parent's signature:

Date:

PICKING UP TARDINESS FINE CONSENT

In case of being late for picking up your child for more than 15 mins. After school pick up time, you will be given two verbal warnings. For the third time, you will pay a tardiness fine of 50SR to the school* each time you are delayed.

Parent's name:

Parent's signature:

Date:

*fine money will be used to buy classroom materials for the student.

PHOTOGRAPHY CONSENT FORM

I..... The parent of Consent the school to take pictures/video of my child to use for school purposes.

Please tick-✓ on the preferred option:

I agree to use photos/videos of my child for school marketing purposes (brochures, social media channels)

I do not agree to use photos/ videos of my child for school marketing purposes.

Parent's name:

Parent's signature:

Date: