



# DOHA BRITISH SCHOOL

## AL WAKRA CAMPUS

PO Box 6142 , Doha, Qatar  
 Tel: +974 4019 8080 Fax: 4450-2235  
 Email : admissions@dbswakra.com  
 Web: www.dbswakra.com

Please attach  
 photograph  
 here

### APPLICATION FORM 2021-2022

#### APPLICANT'S DETAILS

PLEASE ENTER APPLICANT'S DETAILS EXACTLY AS IT APPEARS ON HIS/HER PASSPORT

Family name:		First name:		Middle name:	
Date of birth: (DD/MM/YYYY)	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	Place of birth:		Nationality:	
Passport number:		Residence Permit Number:		Residence Visa Expiry:	
First language at home:		Other languages spoken:		Religion:	
Date placement required:			Date applicant arrives to Doha:		
Applying for: <input type="checkbox"/> Pre-school <input type="checkbox"/> Reception <input type="checkbox"/> Year 1 <input type="checkbox"/> Year 2 <input type="checkbox"/> Year 3					
<input type="checkbox"/> Year 4 <input type="checkbox"/> Year 5 <input type="checkbox"/> Year 6 <input type="checkbox"/> Year 7 <input type="checkbox"/> Year 8 <input type="checkbox"/> Year 9 <input type="checkbox"/> Year 10					

#### CURRENT AND PREVIOUS EDUCATION

Class Attended	Dates Attended	Name and Address of Nursery/School	Curriculum Followed

#### OFFICE USE ONLY

- Documentation received:
- Medical Form
  - Passport copy – applicant
  - Passport copy – father
  - Passport copy – mother
  - Resident Permit – applicant
  - Resident Permit – father
  - Resident Permit – mother
  - Birth Certificate
  - Vaccination Records
  - Previous School Report

Sibling in school:

Assessment date:

Application received by

## PARENTS' CONTACT INFORMATION

**THE ADMISSIONS DEPARTMENT MUST BE INFORMED IMMEDIATELY OF ANY CHANGES TO CONTACT INFORMATION. ASSESSMENT INVITATIONS WILL BE SENT TO THE EMAIL ADDRESSES BELOW THEREFORE PLEASE ENSURE ACCURACY.**

Father's family name:	Father's first name:
Mobile number:	Email:
Nationality:	Languages spoken:
Profession:	Employer:
Business address:	Office tel:

Mother's family name:	Mother's first name:
Mobile number:	Email:
Nationality:	Languages spoken:
Profession:	Employer:
Business address:	Office tel:

Residential address:	
Home phone number:	
Parent whom the school will contact in the first instance: <input type="checkbox"/> Father <input type="checkbox"/> Mother	Invoice will be billed to: <input type="checkbox"/> Father <input type="checkbox"/> Mother

Emergency Contact Person	Name:
Relationship to parents:	Contact number:

## OTHER INFORMATION

Siblings currently attending DBSW		Siblings also applying to DBSW	
Name	Class	Name	Class

Does your child wear spectacles all the time? <input type="checkbox"/> Yes <input type="checkbox"/> No	For Pre-school and Reception: Is your child toilet-trained? <input type="checkbox"/> Yes <input type="checkbox"/> No
Your child will be expected to participate in all lessons including and not limited to Music (playing an instrument), PE, and Swimming. <input type="checkbox"/> Yes <input type="checkbox"/> No, _____	
Will your child be able to participate in these activities? _____	
Has your child <b>ever</b> received any learning, behavioural or one-on-one support? (Where it is discovered that information has been withheld, the applicant's placement may be withdrawn.) <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, please provide details of any learning or behavioral difficulties experienced. (Please submit copies of Special Education Needs reports from relevant professional institutions along with the Application Form.)	
Does your child has any learning difficulties or disability? <input type="checkbox"/> Yes <input type="checkbox"/> No	

## PARENT/GUARDIAN UNDERTAKING

In the event of my son/daughter being awarded a place at Doha British School Wakra (DBSW), I hereby undertake and agree that:

- all students shall be subject to the rules, regulations and discipline as laid down by the Principal or designated representatives and as outlined in student code of conduct and school policies
- it is the parent's/guardian's responsibility to ensure that the student attends school regularly. DBSW has a minimum attendance level of 95% which must be adhered to
- if a pupils attendance falls below 95% and if the absence is unauthorised the parents will be called into a meeting with the Head of School and/or Principal. A warning will be issued. If the situation does not improve a second warning will be issued. If there continues to be no improvement in attendance, the school reserves the right to withdraw the school place.
- the Principal reserves the right to request the removal of a student, whose work or behavior is unsatisfactory, without a term's notice. No refund will be given in such circumstances
- the Principal has the right to ask for a student to be withdrawn if fees are outstanding
- it is a condition of any offer of a place that parents/guardians have given all the information relevant to the application, including details of academic, behavioral and/or social problems. Where it is discovered that information has been withheld, the pupil's placement may be withdrawn. If, at some future date, it becomes evident that we are unable to meet a student's educational and/or social needs at DBSW, we reserve the right to withdraw the school place
- in exceptional circumstances a place will be offered to an applicant whose English Language is considered to be inadequate. In such circumstances the place will be conditional upon the parents agreeing to pay an additional amount for specialist support (see terms & conditions).
- photographs and video/ movie clips of my child may be used by DBSW in promotional materials such as the school website, in-house slide presentations, brochures and the Yearbook
- the Principal reserves the right to assess staffing, timetables, dates and hours of opening and to make changes to these under extreme circumstances
- written notice of withdrawal of a pupil will be given one (1) full term prior to the pupil leaving the school. If such notice is not given, a full term's fee will be payable in lieu of notice
- I agree that the seat offered by DBSW is conditional on supplying attested end of year reports and a certificate of equivalency (issued by the Ministry of Education and Higher Education) prior to starting school in September (this applies only to students coming from abroad and joining Year 2 or higher).
- application form is valid for 1 academic year.
- incomplete applications will not be accepted.
- students who are offered a place at DBSW can only start attending once a valid Resident's Permit (RP) has been presented to the admissions office

**I further agree that Doha British School Wakra 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 DBSW. This includes safe delivery and collection of students to and/or from the school
- any accident or mishap that occurs as a result of a student's activity, which is without permission including, but not confined to, leaving the premises

**IN SIGNING BELOW I CONFIRM THAT I HAVE READ THE TERMS AND CONDITIONS SET OUT IN THE PARENT/GUARDIAN UNDERTAKING AND I AGREE TO BE BOUND BY THESE TERMS.**

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Parent's/Guardian's Name

Signature

Date (DD / MM / YYYY)

## FEE REGULATIONS

The school year is divided into three terms and Tuition Fees are payable per term. The Resources Levy is levied with the first term Tuition Fees payable for each Academic Year. All tuition fees are non-refundable. No reduction is made for temporary absence or illness, or early withdrawal for whatever reason. Full term fees including registration and resources levy are applicable and non-refundable once placement is confirmed regardless of the joining date as mentioned in the Admission policy (4.3)

Herein after, fees reference both Tuition Fees and Resources Levy.

### ADMISSION FEES

- an Application Fee of QR350 (non-refundable) is due at the time of submission
- an Assessment Fee of QR500 (non-refundable) is due for entrance assessment for all students
- a Registration Fee of QR3650, the first term Tuition Fees and Resources Levy per student child is payable upon the child's admission to the school

**ALL OF THE ABOVE ARE NON-REFUNDABLE.**

### ANNUAL FEES

- future Tuition Fees are due within 30 days of invoice
- invoices for Tuition Fees will be sent home with the student. Tuition Fees are due within 30 days of invoice
- payment of Application and Assessment Fee does not guarantee the applicant a placement at DBSW
- application is valid for one (1) academic year
- fees are subject to annual review and payment may be made by cash or cheque made payable to DBSW
- parents who receive full or partial payment for school fees from their employer are responsible for the prompt payment of all school fees. Parents are fully responsible for payment of all fees – the school will not enter into correspondence with 3<sup>rd</sup> parties regarding this
- written notice of withdrawal of a pupil must be given one (1) full term prior to the pupil leaving the school. If such notice is not given, one term's fees will be payable in lieu of notice.

**IN SIGNING BELOW I CONFIRM THAT I HAVE READ THE TERMS AND CONDITIONS SET OUT IN THE FEE REGULATIONS AND I AGREE TO BE BOUND BY THESE TERMS AND CONDITIONS.**

Parent's/Guardian's Name	Signature	Date (DD / MM / YYYY)

### HOW DID YOU HEAR ABOUT THE SCHOOL?

Word of mouth     Advertisement     Internet search    Social media:     Drove by    Other: \_\_\_\_\_  
     Facebook  
     Instagram  
     Snapchat  
     Twitter



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photograph here

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**MEDICAL FORM**

PLEASE COMPLETE ALL SECTIONS AND SUBMIT WITH THE APPLICATION FORM TO THE ADMISSIONS OFFICE.

Family name:	First name:	Middle name:
Date of birth: (DD/MM/YYYY)	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	Year group:

**INFECTIOUS DISEASES**

Has your child ever had:	Yes	No	If yes, please write date of infection
Chickenpox			
Diphtheria			
German measles			
Measles			
Mumps			
Polio			
Scarlet Fever			
Tuberculosis			
Whooping cough			

**OTHER CONDITIONS**

Does your child suffer from:	Yes	No	If yes, please give details and treatment used
Asthma			
Allergies: _____	<input type="checkbox"/> Mild <input type="checkbox"/> Moderate <input type="checkbox"/> Severe		
Diabetes			
Epilepsy			

Other: _____			
	Yes	No	If yes, please give details and treatment used
Does your child take any regular medication?			
Has your child undergone any minor or major surgery?			
Has your child been hospitalized for any sickness in the last five (5) years?			

## MEDICAL CONTACT

Doctor's name:	Specialty:
Office/Clinic Tel:	Mobile:
Medical Center name:	Contact Person:
Office/Clinic Tel:	Mobile:

## PERMISSION FORM

Do we have your permission to provide emergency care through a clinic, hospital, private doctor, or school first aid person as necessary?

Yes

No

Do we have your permission for our nurse to administer Calpol (Paracetamol) where deemed necessary?

Yes

No

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Parent's/Guardian's Name

Signature

Date (DD/MM/YY)