



Admission Form Academic Year 2017/2018

Our Mission

To provide each student with a safe and motivating learning environment, where he/ she is fully involved in the learning process.

Our Vision

Our aim is to guide and empower our learners to develop a lifelong learning desire and critical thinking skills through inquisitive learning; focusing on universal and community values such as compassion, respect, integrity and honesty.

Admission Form
Academic Year 2017/2018

Section One: Student's Details

Photo

"All the details must be completed according to the passport"

Application Date://

Name of Student as mentioned in passport:.....			
Father Name:.....		Family Name:.....	
Date of birth	Place of Birth
Nationality as per the passport:.....			Male <input type="checkbox"/> Female <input type="checkbox"/>
QID No:.....		Ethnicity:..... Religion	Home Phone No:
Address	Year Applying For (Circle one)	Y1 Y2 Y3 Y4 Y5 Y6
Bus service	Required <input type="checkbox"/> Not required <input type="checkbox"/>	Transport	Parent collection <input type="checkbox"/> School Bus <input type="checkbox"/> Other

Has the student any brother or sister in school?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
If yes; please provide the name and class.	1. Name:..... Class:.....		
	2. Name:..... Class:.....		
Spoken Languages at home:	3. Name:..... Class:.....		
	English <input type="checkbox"/> Arabic <input type="checkbox"/> Other language <input type="checkbox"/>		

Section Two: Parents' Details

Father's Name:.....		Profession:.....	
Marital Status	Married <input type="checkbox"/>	Widow <input type="checkbox"/>	Divorced <input type="checkbox"/> other <input type="checkbox"/>
Work Place:.....		Address of work place:.....	
Work Telephone:.....		Fax No:.....	Mobile No:.....
Email Address:.....		QID No:.....	
Mother's Name:.....		Profession:.....	Work place:.....
QID No:.....		Mobil No:.....	Home No:.....
Main Caregiver:..... Second Caregiver:.....			
Payment Method	Company <input type="checkbox"/>	Coupon <input type="checkbox"/>	Personal <input type="checkbox"/>

Parents Language Skills				
Can the father speak English	Yes	No	Fluent	Limited
Can the mother speak English	Yes	No	Fluent	Limited
Can parents read and write in English	Yes	No		

Parents preferred Method of Communication			
Phone	Yes	No	Please Explain any other preferred way of communication :
Email	Yes	No	
Personal interviews	Yes	No	

Authorized Pickup Person from the School:

Name	Relationship	Mobile	ID Number

Emergency Contact (other than parents/caregivers)

Name	Relationship	Mobile	ID Number

Section Three: Academic Details

The Academic Year to Join:..... **Expected Term:**.....

Name of Previous schools

School Name	From Year	Until Year

If Non Muslim

-I give permission for my child to attend religious lessons.

-I do not give permission for my child to attend religious lessons.

Out of School Visits: I give my child permission to go to educational and non educational visits outside the school throughout the school year. Yes No

Sports: I give my child permission take part in sports competitions outside the school throughout the school year. Yes No

Swimming: I give my child permission to attend swimming lessons if available. Yes No

Photos: I give permission to School to take photos of my child, or put my child's photos and /or art work in the school website or any advertising. Yes No

Please Note: No child will leave the school premises without parent's permission.

Section Four: Health Information

Does your child have sensitivity or allergic reaction? Yes No

If yes, please explain in details:

.....
.....

Does your child suffer any chronic disease? Yes No

If yes ,please give full details

.....
.....
.....

Has your child taken all vaccinations? Yes No

If the answer is no, please explain

.....
.....
.....

Does the child have any learning difficulties? Yes No

If yes, please give full details.

.....
.....
.....

Does your child have any hearing or eye impediment? Yes No

If yes, please mention

.....
.....

Does your child have any condition like Autism , Asperger's syndrome Yes No

Or any learning or attention issues?

If yes, please explain.

.....
.....
.....

Have the child undergo any surgery?

Yes

No

If the answer is yes, please explain

.....
.....

I declare that the health information provided above is accurate and all reports and data relevant to my child health care are supplied.

Signed

Date:

.....

.....

Important Note: No medication will be administered by the school nurse unless a Medication Permission Form is submitted to the school.

Special Request: Please submit any special request for your child below:

Section Five: Acknowledgement of correct information.

1-I confirm that the information contained in this form is true and accurate. I understand that the failure to provide accurate information will cause a cancelation of admission.

2- The school does not refund any amount of money after the registration process has been completed.

3- By signing this form I accept the terms and conditions as laid out by the fees policy.

Name and Signature of parents/ Caregivers

Date

.....

.....

Section Six: Undertaking

I ----- Parent/ caregiver of -----hereby undertake and agree that:

1. My child shall be subject to the rules, regulations and discipline, as laid down by the principal, his designated representatives and as indicated in the Schools Code of Conduct Policy Document.
2. To pay the required Registration Fee. This fee is non-refundable. I understand that if remove my child from the school in order attend another school, then I am again liable to pay a Registration Fee if the child re-enters Step One International School at a later date.
3. I will pay the full Term tuition fees and other fees as set in the fee schedule on time; as set by the school, and I realize that there will be no reduction of the fee if my child is absent for part of the Term.
4. I absolve Step One International School, its employees and its agents from any responsibility for:
 - The loss of valuables.
 - Accidents or mishaps occasioned by participating in normal school activities including organized sports, gymnastics, informal play and practical work.
 - The welfare and safety of my child outside the official timetabled day.
 - Step One International School will not accept responsibility for the delivery and collection of children to and/or from school unless you have contracted the school transportation services in normal school day.
5. I will give the school at least a full term's notice of my intention to withdraw my child otherwise a full term's fees will be payable.
6. I understand that the school have the right to allocate my child to a class as deemed appropriate by the SMT.

I sign below having read the above Undertaking and the schools' Code of Conduct Policy Document and confirm that I have understood and agree to be bound by the terms and conditions set out in both documents.

Signature: _____ Date: _____

Name: _____

APPLICATION PROCEDURE TO BE FOLLOWED BY PARENTS

1. Return this application form completed and signed to the School Office.
2. You will be notified of a test date.
3. Shortly after the testing you will be informed by telephone whether the school can offer a place for the student.

4. To confirm your acceptance of this offer, you must visit the School Office to pay the Registration Fee.
5. Please bring the documents below when you submit your application form.
 - (3) Passport Photographs Yes/No
 - Birth Certificate Yes/No
 - Copy of Passport & Residence Visa Yes/No
 - Report from previous school Yes/No
 - Copy of Father's passport +ID Card (plus the main caregiver passport and ID if not the father) Yes/No
 - Vaccination and Health Report (if any)
 - Last school report
6. Failure to pay the Registration Fee could result in this place being offered to another child.

Section Seven: Particular for the school

Registration Date:	Academic Year:
Student proposed year/ grade (As per SEC table):	
Form Reference No. <input style="width: 200px; height: 20px;" type="text"/>	Fees schedule discussed: <input type="checkbox"/>
Date of birth. <input type="checkbox"/>	Qatari ID No. <input type="checkbox"/>
3 Photos <input type="checkbox"/>	Student passport copy. <input type="checkbox"/>
Guardian passport copy <input type="checkbox"/>	Placement Test <input type="checkbox"/>
Health file. <input type="checkbox"/>	Transfer certificate from the previous school <input type="checkbox"/>
Copy of the latest report for the current year. <input type="checkbox"/>	Guardian QID copy <input type="checkbox"/>
Passport copies of Father and Mother. <input type="checkbox"/>	Previous School File <input type="checkbox"/>

Signature / name of the application reviewer:

Administrative fees

Other Fees

Specify

Student has been tested.

Previous school file checked

Student status:- Accepted

Rejected

The reasons for rejection:
.....

Accountant Comments and Signature

Coordinator signature

Principal Signature

.....

.....

.....

Section Eight: Admission Procedures

1. Registration must be completed with the following documents:

- 3 personal photographs.
- Copy of birth certificate
- Copy of the vaccination certificate.
- Copy of student passport.
- Evidence of student QID number
- Copy of Parents/ Caregivers passports and QID..
- Copy of last school report.
- Health's file from the previous school or other health providers and any relevant documents.

2. Date for student testing will be fixed and test fees are paid on time.

3. Relevant fees must be paid before.

4. Parents will be informed about the test results. If the child passes the test and a seat is available, admission of the child has to be confirmed and the seat reservation fee to be paid within three days from the date of contact.

5. Admin staff carry full responsibility to ensure all procedures are followed.