

**Al Messila, Madinath Khalifa South, Doha, Qatar**

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**APPLICATION FOR ADMISSION**

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| **NO.** | **GENERAL INFORMATION** | | | |
| 1 | **Student’s Full Name:** |  | | |
| 2 | **QID No.:** |  | | |
| 3 | **Date of Birth:**  (According to the Birth Certificate) |  | | |
| 4 | **Age:** | M  Gender | Religion | Nationality |
|  |
| 5 | **Previous Schooling:**  F  Country  Name of School | |  |  |
|  | | | | |
| Name of School | |  | Grade | Curriculum (UK/US/Other) |
|  | |  |  |  |
|  | |  |  |  |
| 6 | **Requested Year Group** |  |  |  |
| Students are normally allocated to a year according to their age. Please complete the following ONLY if you are requesting for a specific year: Kindergarten: \_\_\_\_\_\_\_\_\_\_ Grade: \_\_\_\_\_\_\_\_\_\_.  Is the student already in Qatar? Yes No  If no, enter the expected date of arrival: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | |
| 7 | **Name of Parent/Guardian:** | Father’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  QID No: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Contact No.: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Mother’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  QID No: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Contact No.: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |
| 8 | **Occupation:** | Father: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Mother: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |
| 9 | **Details of Brother/Sister Already in BMIS** |  |  |  |
| Name | | Class | Name | Class |
|  | |  |  |  |
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|  | |  |  |  |
| 9 | **Residential Address:** | House No.: \_\_\_\_\_\_\_\_ Street: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zone: \_\_\_\_\_  Area: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |
| 10 | **Mode of Transportation** | School Bus: Private Car: | | |
| 11 | **Medical History:**  ( Other diseases suffered by the students) | Allergy Diabetes Heart Ailment | | |

**Principal Name & Signature**

**Parents/Guardian Names & Signature**

**HEALTH INFORMATIONالمعلومات الصحية ))**

**Student Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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| 1. **Please check if your child has any of the following. ( Translate in Arabic)** | |
| Asthma      الحصبة  ربو( حساسية صدرية)  Chicken Pox    مرض السكرى  Diabetes    حساسية جلدية  Eczema  امراض القلب  Heart Disease    التهاب الكبد  Hepatitis    ارتفاع ضغط الدم  Hypertension    ملاريا  Malaria  رعاف متكرر ( الرعاف )    Recurrent Epitasis    ( nosebleed) | Measles  نكافية  الحصبة      Mumps  السعال المتكرر    Recurrent Cough  وجع الأذن المتكرر    Recurrent earache  حمى قرمزيه  Scarlet Fever  الصرع ( تشنجات )    Seizures (fits)  إغماء (نوبات دوار )    Syncope (dizzy spells)  مرض السل    Tuberculosis    Recurrent Gastric  أمراض المعدة المتكرر  بال    Upset |

|  |
| --- |
| 1. **Has your child ever hospitalized? Yes No هل تم إدخال اابنكم /بنتكم المشفى**         If ( Yes ) إذا ( نعم ) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_    Please indicate the date of entry and explain the reasons for entering the hospitalized:  الرجاء ذكر تاريخ الدخول مع شرح موجز عن اسباب دخول  ………………………………………………………………………………………………………………………  ……………………………………………………………………………………………………………………..  …………………………………………………………………………………………………………………….. |

1. **Does your child use: هل يقوم ابنكم/إبنتكم بإستعمال**

Hearing aid سماعة للأذن Glasses نظارات طبية

Right ear الأذن اليمنى Contact Lens عدسات طبية

Left ear الأذن اليسرى : All the Time طوال الوقت

Both ears الأذنين Reading only للقراءة فقط

1. **Please list any allergies and their effects: الرجاء ذكر اى نوع من انواع الحساسية**

Rash طفح جلدى Wheezing تنفس بصفير

Seizures تشنجات ( صرع )Vomiting القئ

Difficulty صعوبة التنفس Bee Sting لدغة النحل

Breathing Ants Bite لدغة النمل

1. **My child may be given and use: أسمح لابنى بتناول واستعمال:**

Panadol بندول : Strepsil حبوب مص

Eye Dropper قطارة للعيون Throat Spry بخاخ للحلق

Ear Dropper قطارة للانف Skin Cream كريم للبشرة

1. **Please list any food allergiesالرجاء ذكر المأكولات التى يتناولها إبنكم /أبنتكم**

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1. **Please list any medication your child is using الرجاء كتابة الأدوية التى يتناولها ابنكم / إبنتكم**

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1. **Please list any other health information which would enable us to assess activities and their risks:**

**الرجاء توضيح المعلومات الصحية التى تمكننا من الحفاظ على سلامة إبنكم / إبنتكم**

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1. **In case of emergency contact: فى حالة الطوارى الاتصال على :**

Name: ………………………………………………………………………………. الأسم

Relation: …………………………………………………………………………… صلة القرابة

Phone: …………………………………………………………………………… الهاتف

Name: ………………………………………………………………………………… الاسم

Relation: ……………………………………………………………………………… صلة القرابة

Phone: ………………………………………………………………………………… الهاتف

**NOT A PARENT: فى حالة ليس ولى الامر**

Name: …………………………………………………………………………… الاسم

Relation: ……………………………………………………………………… صلة القرابة

Phone: ………………………………………………………………………… الهاتف

Signature of Parent / Guardian:

توقيع ولى أمر الطالب