

**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:** | MGender | Religion | Nationality |
|  |
| 5 | **Previous Schooling:** FCountryName 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 NoIf 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 |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
| 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)**
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|  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 المتكرربال Upset |

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| 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