

# روضة الطفل الأنيق

## Smart Kids Kindergarten

Doha, Qatar | Phone 44770123 33100200

Email: admin@smartkidsqatar.com Web: www.smartkidsqatar.com

### Student Application

SN No.	DESCRIPTION	TO BE FILLED IN BLOCK LETTERS, ALL INFO MANDATORY	
1.	Admission Applied For	KG 1 <input type="checkbox"/>	KG 2 <input type="checkbox"/>
2.	Student's Full Name (as on QID)		
3.	Date of Birth (DD - MMM - YYYY format)		
4.	Nationality		
5.	Religion		
6.	Gender		
7.	First Language		
8.	Student's Qatari ID Number		
9.	Who is the Child's Sponsor?	Father <input type="checkbox"/>	Mother <input type="checkbox"/>
10.	Father's Name		
11.	Father's Employer / Company Name		
12.	Father's QID No.		
13.	Mother's Name		
14.	Mother's Employer / Company Name		
15.	Mother's QID No.		
16.	Local Address in Qatar		
17.	Contact(s)	Father's Mobile	
		Mother's Mobile	
		Office	
		Residence	
18.	Date of Admission Application		

Guardian's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Required Attachments: 1. Student's Passport Copy 2. Father's QID Copy 3. Mother's QID Copy 4. Copy of Vaccination Record 5. Copy of Birth Certificate 6. Student's Two Passport-Size Photographs. Kindly note that admission fee is due at the time of submission of this document and is non-refundable.

19. I have read and I agree to the terms and conditions of Smart Kids Kindergarten as stated in the terms and conditions document (Latest version of this document can be found at [www.smartkidskindergarten.com/forms-and-downloads](http://www.smartkidskindergarten.com/forms-and-downloads)).

<b>Guardian's Name</b>	
<b>Guardian's Signature</b>	
<b>Date</b>	

20. Kindly populate below the details of any person whom you may wish to authorize, to act in the capacity of the guardian of the child, for the purposes of collecting the child from our premises on your behalf (other than the child's Father / Mother / legal guardian).

Name of The Person	Mobile Contact No.	Relation to The Child

21. Kindly fill the details below as applicable.

MEDICAL INFORMATION	
<b>Student's Blood Group</b>	
<b>Does your child suffer from any Allergies? Describe.</b>	
<b>Does your child suffer from any Chronic Medical Conditions?</b>	
<b>Does your child require special assistance with any known medical situation? If yes, kindly mention the required emergency course of action.</b>	
<b>Other Medical Remarks</b>	

\*\*\*\*\* FOR OFFICIAL USE ONLY \*\*\*\*\*

<b>Student Remarks</b>			
<b>Term / Academic Year of Joining</b>			
<b>Principal's Signature</b>			
<b>Allocated System Identification Number</b>		<b>School Stamp</b>	

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