**Summit Academy**

**P.O. Box 695, Doha, Qatar – Tel.: +974-466-3802 – Fax: +974-468-8539**

**Email: summitacademykindergarten@gmail.com /**

**admissions.summit@gmail.com**

|  |
| --- |
| **Student Application** |

**Student Name:** Click or tap here to enter text.

***First /Middle Name/Family Name***

**Date of Birth** Click or tap to enter a date.

**Nationality:** Choose an item. **Gender(الجنس):** Choose an item.

**QID/Resident:** Click or tap here to enter text.

**Language Spoken at Home:**  Click or tap here to enter text.

**Religion (الديانة ):** Choose an item.

**Other Language:** Click or tap here to enter text. **Grade Last Completed:** Choose an item.

**School(s) Previously Attended (المدارس السابقة):**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Grade** | **Name of**  **School** | **School Address** | **From** | **To** | **Reason for Leaving** |
| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |

|  |
| --- |
| **Contact Information** |

**Father’s Name:** Click or tap here to enter text. **QID #:** Click or tap here to enter text.

**Mobile:** Click or tap here to enter text. **Home Phone:** Click or tap here to enter text.

**Nationality:** Choose an item. **Occupation:** Click or tap here to enter text.

**Employer:** Click or tap here to enter text. **Work Phone:** Click or tap here to enter text.

**P.O. Box:** Click or tap here to enter text. **Email Address:** Click or tap here to enter text.

**Mother’s Name:** Click or tap here to enter text. **QID#:** Click or tap here to enter text.

**Mobile:** Click or tap here to enter text. **Home Phone:** Click or tap here to enter text.

**Nationality:** Choose an item. **Occupation:** Click or tap here to enter text.

**Employer:** Click or tap here to enter text. **Work Phone:** Click or tap here to enter text.

**P.O. Box:** Click or tap here to enter text. **Email Address:** Click or tap here to enter text.

**Home Address** Click or tap here to enter text. **Municipality:** Choose an item.

|  |
| --- |
| **Emergency Contact Information (معلومات التواصل في حالات الطوارئ)** |

**Name:** Click or tap here to enter text. **Phone:** Click or tap here to enter text.

**Relationship to Student (صلة القرابة لطالب):** Click or tap here to enter text.

|  |
| --- |
| **Student’s Health History Form (Confidential)** |

**استمارة التاريخ الصحي للطلاب (سري )**

**Has your child contracted any of the following diseases?**

|  |  |  |  |
| --- | --- | --- | --- |
| **Infectious Disease** | **Yes/No** | **Age at**  **Infection** | **Date of**  **Infection** |
| **Whooping Cough**  **(السعال الديكي)** | Choose an item. | Click or tap here to enter text. | Click or tap here to enter text. |
| **Chickenpox**  **(الجدري)** | Choose an item. | Click or tap here to enter text. | Click or tap here to enter text. |
| **Measles**  **(الحصبة )** | Choose an item. | Click or tap here to enter text. | Click or tap here to enter text. |
| **German Measles**  **(الحصببة الالمانية)** | Choose an item. | Click or tap here to enter text. | Click or tap here to enter text. |
| **Mumps**  **(النكاف)** | Choose an item. | Click or tap here to enter text. | Click or tap here to enter text. |
| **Scarlet Fever**  **(الحمى القرمزية)** | Choose an item. | Click or tap here to enter text. | Click or tap here to enter text. |
| **Hand, Foot, &**  **Mouth disease**  **(مرض اليد والفم والقدم )** | Choose an item. | Click or tap here to enter text. | Click or tap here to enter text. |
| **Tuberculosis**  **(السل)** | Choose an item. | Click or tap here to enter text. | Click or tap here to enter text. |
| **Other:**  **(Please explain)**  **أمراض اخرى** | Choose an item. | Click or tap here to enter text. | Click or tap here to enter text. |

**Does your child have any of the following conditions?**

**هل يعاني طفلك من أي من الحالات التالية :**

|  |  |  |  |
| --- | --- | --- | --- |
| **Condition** | **Yes** | **No** | **Medication/Explain**  **العلاج /الشرح** |
| **Seizure Disorder**  **(أضرابات الصرع)** |  |  | Click or tap here to enter text. |
| **Heart Disorder**  **(أضرابات القلب )** |  |  | Click or tap here to enter text. |
| **Diabetes**  **(السكري )** |  |  | Click or tap here to enter text. |
| **Hyperactivity**  **(فرط النشاط)** |  |  | Click or tap here to enter text. |
| **ADHD**  **(معالجة فرط النشاط)** |  |  | Click or tap here to enter text. |
| **Allergies**  **(الحساسية )** |  |  | Click or tap here to enter text. |
| **Drug Sensitivity**  **(حساسية للادوية )** |  |  | Click or tap here to enter text. |
| **Wears Eye Glasses**  **(يرتدي نظارة طبية )** |  |  | Click or tap here to enter text. |
| **Hearing Aids**  **(مشاكل في السمع )** |  |  | Click or tap here to enter text. |

**Medications or Allergies**

No medication (prescription or non-prescription) will be dispensed at school without written parental/guardian permission. All medications (prescription or non-prescription) must be registered on the school nurse to secure Permission to Administer Medication form (only one medication per form).

Student who is required to take medication during the time they are attending school, including any occasion when the student is away from school property on official school business may be assisted by the school nurse or other designated school personnel if the school receives **a written statement from physician detailing the necessity for the medication to be provided during the school day** and **permission form executed by the parent or guardian of the student granting permission for the school to assist the student** in taking medication.

I understand that certain educational records of my child will be shared with the health care partners as needed to provide and evaluate health services to students. I also understand and agree that my child's medical treatment records created by health care personnel at school may be shared with school officials who have a legitimate educational purpose for accessing such treatment records.

**I agree  I Disagree**

**Parent’s Name**: Click or tap here to enter text. **Date:** Click or tap to enter a date.