



Admission Form

Name of Student : _____

R.P Number : _____

H.C Number : _____

Class : _____

D.O.B : _____ Male/Female: _____

Religion & Nationality: _____ Mother Tongue: _____

Name of Father : _____ R.P Number: _____

Occupation : _____ Organization: _____

Address : _____

E-Mail ID : _____

Telephone : _____

Name of Mother : _____ R.P Number: _____

Occupation : _____ Organization: _____

Telephone : Office: _____ Residence: _____ Mob: _____

Emergency Contact : _____ Whatsapp: _____

Any Allergies : _____

Any Siblings : _____ If in National Kindergarten, Which class? : _____

Signature of parent or guardian with date

OFFICE USE ONLY										Admission Number : _____					
Reg. Fee	Adm. Fee	C. Deposit	Sp. Fee	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	mar
Date of Joining: _____								Signature of Staff: _____							
Transportation required: Yes/No _____, if Yes specify nearest landmark: _____															

AL Nouf Street, Diagonally Opp. Abdulla Bin Ali Misnad Independent School Tel: 44796671,
Mob: 74437286 Post Box: 17138, E-Mail: alwatan.kg@education.qa

Document

R.P & Passport: Student: _____ Father: _____ Mother: _____

H.C: _____ F.C: _____ B.C: _____ Vaccination card: _____