



# Summit Academy

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## 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:**

**Gender(الجنس):**

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

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

**Religion(الديانة) :**

**Other Language:** Click or tap here to enter text.

**Grade Last Completed:**

**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:**

**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
<b>Whooping Cough</b> (السعال الديكي)	Choose an item.	Click or tap here to enter text.	Click or tap here to enter text.
<b>Chickenpox</b> (الجدري)	Choose an item.	Click or tap here to enter text.	Click or tap here to enter text.
<b>Measles</b> (الحصبة)	Choose an item.	Click or tap here to enter text.	Click or tap here to enter text.
<b>German Measles</b> (الحصبة الألمانية)	Choose an item.	Click or tap here to enter text.	Click or tap here to enter text.
<b>Mumps</b> (النكاف)	Choose an item.	Click or tap here to enter text.	Click or tap here to enter text.
<b>Scarlet Fever</b> (الحمى القرمزية)	Choose an item.	Click or tap here to	Click or tap here to

		enter text.	enter text.
<b>Hand, Foot, &amp; Mouth disease</b> (مرض اليد والقدم والفم)	Choose an item.	Click or tap here to enter text.	Click or tap here to enter text.
<b>Tuberculosis</b> (السل)	Choose an item.	Click or tap here to enter text.	Click or tap here to enter text.
<b>Other:</b> <b>(Please explain)</b> أمراض أخرى	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
<b>Seizure Disorder</b> (أضرابات الصرع)	<input type="checkbox"/>	<input type="checkbox"/>	Click or tap here to enter text.
<b>Heart Disorder</b> (أضرابات القلب)	<input type="checkbox"/>	<input type="checkbox"/>	Click or tap here to enter text.
<b>Diabetes</b> (السكري)	<input type="checkbox"/>	<input type="checkbox"/>	Click or tap here to enter text.
<b>Hyperactivity</b> (فرط النشاط)	<input type="checkbox"/>	<input type="checkbox"/>	Click or tap here to enter text.
<b>ADHD</b> (معالجة فرط النشاط)	<input type="checkbox"/>	<input type="checkbox"/>	Click or tap here to enter text.
<b>Allergies</b> (الحساسية)	<input type="checkbox"/>	<input type="checkbox"/>	Click or tap here to enter text.
<b>Drug Sensitivity</b> (حساسية للأدوية)	<input type="checkbox"/>	<input type="checkbox"/>	Click or tap here to enter text.
<b>Wears Eye Glasses</b> (يرتدي نظارة طبية)	<input type="checkbox"/>	<input type="checkbox"/>	Click or tap here to enter text.
<b>Hearing Aids</b> (مشاكل في السمع)	<input type="checkbox"/>	<input type="checkbox"/>	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.