Newton International School
P.O. Box: 8449
West Bay
Doha – Qatar

Tel.: 4110014   Fax: 4113960
Email:
info.westbay@newtoninternationalschool.edu.qa

APPLICATION FORM

All details must be completed

First Name: _____

Family Name: _____

Attach
photograph
Here

Nationality: _____

I.D.No: _____

Date of Birth: _____Religion: _____   Boy ☐   Girl ☐
                  (DD/MM/YY)

Medical Details – please complete adjoined medical form.

Previous school attended: _____

Details of brothers / sisters already in Newton International School:

Name	**Class**
_____	_____
_____	_____
_____	_____
_____	_____

Office Use:

Registration paid:	Receipt No.:	Date:

FID	Start Date:	Class:

CONTACT DETAILS

Father's Details

First Names: _____

Family Name: _____

Telephone No's Work: _____Mobile: _____

Occupation / Title: _____

Company Name: _____

Mother's Details

First Names: _____

Family Name: _____

Telephone No's: Work: _____Mobile: _____

Occupation / Title: _____

Company Name: _____

Residence

Area of Residence: _____

Postal Address: _____

_____

P.O. Box No: _____

Email Address: _____

Tel No: _____ Fax No: _____

UNDERTAKING

In the event of my child taking up a place in the Newton International School, I hereby undertake and agree that:

1. My child shall be subject to the applicable rules, regulations and discipline, as laid down by the Principal and her designated representatives.
2. To pay the required Registration Fee to the school, which cannot under any circumstances, be refunded. I understand that if I remove my child from the school in order to attend another school in Qatar, then I am again liable for the QR 2000/- Registration Fee if the child re-enters Newton International School at a later date.
3. I will pay all fees (which will be billed in advance) prior to the commencement of the term to which they apply, and I realize that there will be no reduction of fees if my child is absent for part of the term.
4. I absolve the Newton International School, its employees and its agents from any responsibility for:
   - The loss of valuables
   - Accidents or mishaps occasioned by participating in normal school life including, but not confined to, organized sports, gymnastics, informal play, practical and craft work.
   - The welfare and safety of my child outside the normal timetabled day and/or in activities supervised by members of staff of Newton International School. The Newton International School will not be responsible for the safe delivery and collection of children to and/or from the school.
   - Any resulting accident or mishap should my child take unilateral action which is extra-curricular and without permission.
5. I will give the school at least a full term's notice of my intention to withdraw my child. **If no such notice is given, a full term's fees will be payable.**

NOTES:

   I. All fees are payable on a term basis, in advance. All fees are non-refundable.
   II. All cheques should be made payable to: - **Newton International School.**

In signing below I confirm that I have read and understood the above Undertaking and agree to be bound by the terms and conditions set out within it.

Name: _____

Signature: _____ Date: _____

Application Procedure
Guidance Notes for Parents

1. Return this form, completed, to the School Office with:
   - Passport photograph X 4
   - Copy of passport including the child's residence visa and/or I.D. No.
   - Report from previous school
   - Copy of Parent's I.D. Care
   - Copy of child's immunization record
2. You will be notified of a test date for your child.
3. One week after testing you will be informed by telephone whether the school can offer a place.
4. To confirm your acceptance of this offer, you must visit the School Office to pay the QR 2000/- Registration Fee. Failure to pay the registration fee will result in this place being offered to an alternative child.
5. There will be at 10% discount for immediate family members.

For Office Use Only

Administration
Year to be tested: _____

Date of Test: _____   Arranged by: _____

Any other family members being tested: _____
                                        (specify brother / sister & year to be tested)

Place Accepted: _____ Confirmed by: _____ Date: _____
                (YES / NO)
Comments: _____

_____

Teacher
Date Tested: _____   Year: _____

Place offered: Yes   No   Borderline (please circle)

Class: _____

Teacher's Comments: _____

_____