

Child's Name		Date of Birth			
Please provide details below of the length of time your child attends/has attended Nursery / Pre-School / Day Care, including the daily duration and number of times each week. For example: My child has attended Foundation Stage 1 for 6 months, she/he attends for 4 hours, 2 days per week.					
My child's first language is English			□ Yes □ No		
Do you speak any other languages at home?			☐ Yes ☐ No (If yes give details below)		
Is your child able to communicate their wants and needs effectively? For example: Can they tell you when they want something, if they are hungry or if they are tired? Please give examples:				□ Yes □ No	
Please describe the level of self-care your child demonstrates. For example: Can they ask to go to the toilet and use it independently? Are they mainly dry throughout the day?					

مدرسة شيربورن قطر ذ.م.م | Sherborne Qatar School W.L.L | مدرسة شيربورن قطر ذ.م.م PO BOX 93503 | DOHA | QATAR ® +974 4459 6400

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Does your child wear nappies?		□ No		
Has your child had the opportunity to socialize and interact with other children their own age? Please give examples:		□No		
How well does your child separate from you?				
Do you have any additional comments or concerns regarding your child?				

Thank you for taking the time to tell us about how your child is unique.

PLEASE NOTE: It is a condition of any offer of a place that parents/guardians have given all the information relevant to the application, including details of behavioural and/or social problems. Where it is discovered that information has been withheld, the pupil's placement may be withdrawn. If, at some future date, it becomes evident that we are unable to meet a child's educational and/or social needs at Sherborne Qatar School for Girls, we reserve the right to withdraw the school place.

I confirm that all of the information given on this form is accurate.

Signed:	Date:		
Relationship to Child:			

Please ensure that you complete this form and return if by email with your completed Registration Form

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