Registration Form

Child's First Name: _____ Gender: Male/Female

Date of Birth: (DD/MM/YYYY) Nationality: _____

Qatar ID: _____ Expiry Date: _____

Father's Name: _____ Mob: _____

Qatar ID: _____ Expiry Date: _____

Mother's Name: _____ Mob: _____

Qatar ID: _____ Expiry Date: _____

Email 1: _____ Email2: _____

Sponsor: ☐ Father ☐ Mother Sibling: ☐ Yes ☐ No (Any active students in A.Y 2020-2021)

Residence Address: _____

_____

Father's Work Place: _____ Tel. _____

Mother's Work Place: _____ Tel. _____

Is the Child Left Handed? _____

I hereby convey my intention to take admission for my/our ward in **KG 1/ KG 2** in The Springfield Kindergarten- Al Matar Branch/ The Springfield Kindergarten- Wakra Branch.

Parent's/ Guardian Signature: _____ Date: _____