

# Sherborne Qatar School for Girls Transfer Application Form



SHERBORNE  
QATAR  
SCHOOL FOR GIRLS

**NOTES ON USING THIS FORM:** You will need to download this form. This is a fillable form, allowing you to type in the fields provided. If you do not have Adobe Acrobat DC, download for free from <https://get.adobe.com>.

Once complete, please email this form directly to the Admissions Team: [admissions@sherborneqatar.org](mailto:admissions@sherborneqatar.org).

It is recommended that you read the Sherborne Qatar [Fees Policy](#) and [Application Policy](#), which includes the application process, before applying for a school place at Sherborne Qatar.

## 1 Child's Details

Child's First Names:

Surname (Family Name):

Date of birth:  /  /  Male  Female

Nationality:

Language:

Year of entry:

Year group of entry:

### 1A. Learning Support

Has your child had additional learning support within school?  YES  NO

Does your child have an educational psychologist's report?  YES  NO

If you have answered YES to either of the above Learning Support questions, please download and complete the Learning Support Questionnaire [here](#).

PLEASE CONTINUE ON NEXT PAGE

### FOR SHERBORNE QATAR USE ONLY

HOUSE:  FORM:  START DATE:  /  /

TEST DATE:  /  /  CAT 4 RESULTS (COR)

LEARNING SUPPORT REQUIRED?  YES  NO IF "YES", FOLLOW-UP LETTER SENT REGARDING CHARGES

FURTHER DETAILS REQUESTED:

INPUT ONTO iSAMS BY:  DATE:  /  /

INITIAL SETTINGS FOR CORE SUBJECTS: HIGH  MID  LOW

ADDITIONAL NOTES:

## 1 Child's details contd.

### 1D. Photo consent

Do you give Sherborne Qatar permission to use images of your child in school archives records, school display boards (visual or digital), websites, social media, school newsletter, and other marketing publications or press coverage:

YES  NO If "YES", any limitations ie website/publications

### 1E. Medical details

Does your child suffer from any medical conditions? Please give full details and the name and contact details of his/her family doctor:

## 6 DECLARATION

I/We declare the information on this form is accurate and complete to the best of our knowledge; we have read and understood and agree to the School Fee Policy and undertaking. We understand that any offer can be withdrawn if false or incomplete information is given. We wish to enroll our child in Sherborne Qatar School for Girls.

Father (print name):

Date   /   /

Mother (print name:)

Date   /   /

Thank you for applying to Sherborne Qatar School for Girls. This form does not guarantee your child has the right to testing or to a place at Sherborne Qatar. You will be contacted to confirm receipt of this application form and payment, and to inform you of the next stage of your application. Please email this form directly to the Admissions Team: [admissions@sherborneqatar.org](mailto:admissions@sherborneqatar.org)