

 **NEW SCHOOL REGISTRATION FORM**

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| --- | --- |
| Name of School (English) |  |
| Name of School (Official language of country) |  |
| School Principal Name  |  |
| School Principal email |  |
| School telephone number |  |
| School Address/ PO Box number |  |
| School Type: (Intl/Public/Private….please specify) |  |
| Age range of pupils taught |  |
| Number of Pupils on Roll |  |
| School institution is Co-Educational? Y/N |  |
| School Curriculum (IB, British, Montessori…please specify) |  |
|  |  |
| MUN Director’s full name as on passport |  |
| MUN Directors title (Mr., Ms. Please specify) |  |
| MUN Director’s email |  |
| MUN Director’s Mobile |  |
| MUN Director’s Nationality |  |
| Date: | Signature MUN Director: |
|  |  |
| Do you run a High School MUN Club at your school? |  |
| How many MUN conferences has your school attended in the last year |  |
| Do you run a Middle School MUN Club at your school? |  |
| Would you be interested in receiving training as an MUN director? |  |
| Would you be interested in running your own conference? |  |
| Do your MUN students run outreach initiatives? If so please specify here |  |

Thank you for your interest in THIMUN Qatar! Please fill in this form and return to thimunqatar@qf.org.qa