

REGISTRATION FORM - AKIS British Curriculum

FOR OFFICE USE ONLY – To be completed by the Admissions Office

Academic Year:	
Admission Number:	Date of Admission:
Admitted into Year:	House:
New Admission <input type="checkbox"/>	Readmission <input type="checkbox"/>



This application **will not be accepted** without the submission of **ALL** required documents

APPLICANT INFORMATION

Family Name (as per passport): Mahmoud Mohamed Mahmoud Ali	Gender: Male: <input type="checkbox"/> Female: <input checked="" type="checkbox"/>
First Name (as per passport): Taleen Binti	Date of Birth (DD/MM/YYYY): 30/04/2019
Place of Birth (City/ State): Kuala Lumpur	Country of Birth: Malaysia
Passport No.: A 57717676	Nationality: Malaysian
Qatar ID No.: 31945800018	HMC Medical Card No.: HC05751767
Religion: (required by MOEHE) Muslim <input checked="" type="checkbox"/> Christian <input type="checkbox"/> Other <input type="checkbox"/>	Year Group/ Class requested for admission: Foundation Stage

PROFILE OF LANGUAGES SPOKEN AT HOME (this will help us to place your child appropriately):

The child speaks mainly in English (language) at home.

Her/she can understand English: Well Little Not at All

Mother's native language is Bahasa Malaysia speaks to her child mainly in English

Father's native language is Arabic speaks to his child mainly in English

Nanny's/Maid's native language is Bengali speaks to her child mainly in English

DETAILS OF LAST SCHOOL (if applicable)

School Name: ---	Year: ---
School Address: ---	
Syllabus followed in the school: British <input type="checkbox"/> American <input type="checkbox"/> IB <input type="checkbox"/> Other <input type="checkbox"/> (please specify): _____	

FAMILY INFORMATION

Home Address (in Qatar): Villa 33, street 654, zone 74, Al-Khor, Qatar.		
SPONSORING PARENT'S INFORMATION		
Name: (as per passport) Asmaa Binti Samsudin		Father <input type="checkbox"/> Mother <input checked="" type="checkbox"/>
Company: Qatargas <input type="checkbox"/> AKIS <input checked="" type="checkbox"/> Other <input type="checkbox"/> (please specify) _____		Staff No.: 1374
Qatar ID No.: 28545800227		Nationality: Malaysian
Mobile No.: +97466901805	Home Tel. No.: +97466461270	Work Tel. No.: ---
Work Email Address: asmaa.samsudin@akis.sch.qa Personal Email Address: midnight15282@hotmail.com		Preferred contact: Work <input checked="" type="checkbox"/> Personal <input type="checkbox"/>
OTHER PARENT'S INFORMATION		
Name: (as per passport) Mahmoud Mohamed Mahmoud Ali		Father <input checked="" type="checkbox"/> Mother <input type="checkbox"/>
Qatar ID No.: 29081809070		Nationality: Egyptian
Mobile No.: +97433220443	Home Tel. No.: +97466461270	Work Tel. No.:
Email Address: mahmoud15282@hotmail.com		

Emergency Contact INFORMATION (other than parents and currently residing in Qatar)

Name: Sahnaz Begum	Relationship: Nanny	Tel No(s).: +97466288546
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DETAILS OF OTHER SIBLINGS CURRENTLY IN AKIS-BC

DO YOU CURRENTLY HAVE CHILDREN REGISTERED AT AKIS? YES / NO NO. OF CHILD/REN IN AKIS 2

IF YES, PLEASE PROVIDE DETAILS BELOW:

Name	Year	House
Jana Mahmoud Mohamed Mahmoud Ali	4 BAA	Batuta
Muhammad Bin Mahmoud Mohamed Mahmoud Ali	2 AVB	Avicenna

ANY ADDITIONAL INFORMATION

If there is any additional information that the school needs to be aware of, please indicate below, e.g. custody issue, special family circumstances, etc. Any legal issues will need to be supported by documentation and a copy to be provided to the school to be kept in your child's personal folder.

MEDICAL INFORMATION

Vaccination Records:

It is a mandatory requirement from the Ministry of Education and Higher Education and the Ministry of Public Health that the school obtains a record of the immunisation history of all new applicants.

Please attach 2 copies of your child's vaccination records.

Medical Conditions:

Does your child have any medical conditions e.g. asthma, diabetes, epilepsy? Please give full details below, attaching the latest medical record.

No

Allergies:

Please list below any allergies that the school staff should be aware of e.g. food or insect bites. If your child has serious allergies, please detail the action to be taken below. Please attach latest/applicable medical records.

Medication:

Please list below any medication that your child needs to take on a routine basis. Please give all information as to when and how this is to be taken. Please attach prescription from medical practitioner if any.

Additional/Special Needs:

Does your child have any additional/special needs that the school needs to be aware of? No

Hearing Sight Speech Other - please specify: _____

CONSENT DECLARATIONS

In the event that your child requires emergency treatment you will be contacted and asked to collect your child from the school. If the school is unable to contact you, your child will be taken to Al Khor Community Medical Centre (for eligible students)/ Hamad General Hospital for diagnosis and treatment. Efforts to contact you will continue.

I consent to my child being taken to a doctor/hospital in the event of a medical emergency.


(Signature)

I accept the judgment of Al Khor International School staff in all matters regarding health and safety. To the best of my knowledge, I have accurately detailed above all medical conditions and information that the staff should be aware of.

Name of Parent: Asmaa Binti Samsudin

Signature: 

Date: 17-02-2023

DECLARATION

I confirm that the above information is correct. I agree to abide by all the policies of AKIS and accept that decisions of the Education Manager in any matter relating to the administration of AKIS as final.

I consent, agree to and understand the following:

- Should my child exhibit additional needs requirements beyond the existing capabilities of AKIS which were not apparent at the point of admission, AKIS has the right to seek the child's withdrawal.
- My child shall undergo any assessment considered educationally necessary by AKIS.
- My child will take part in the required whole school curriculum subjects (including swimming, music and Ministry of Education and Higher Education-mandated lessons).

ASMAA BINTI SAMSUDIN

Name of Parent (In BLOCK letters)

Asma



Signature

17-02-2023

Date

CHECKLIST FOR REQUIRED DOCUMENTS	By Applicant	By Admissions Office
1. Original Letter of employment from the student's sponsor's company with home address	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2. Registration form duly completed	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3. Two colored passport size photographs	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4. Copy of student's passport*	<input checked="" type="checkbox"/>	<input type="checkbox"/>
5. Copy of student's RP (Qatar ID)*	<input checked="" type="checkbox"/>	<input type="checkbox"/>
6. Copy of student's birth certificate*	<input checked="" type="checkbox"/>	<input type="checkbox"/>
7. 2 Copies of student's vaccination records	<input checked="" type="checkbox"/>	<input type="checkbox"/>
8. Attested copy of most recent school report (must be written in or translated to English)	<input type="checkbox"/>	<input type="checkbox"/>
9. Copy of Hamad Medical Corporation (HMC) card	<input checked="" type="checkbox"/>	<input type="checkbox"/>
10. Copy of student's sponsor's Qatar ID/RP	<input checked="" type="checkbox"/>	<input type="checkbox"/>
11. Copy of other parent's Qatar ID/RP	<input checked="" type="checkbox"/>	<input type="checkbox"/>
12. Copy of student's sponsor's passport	<input checked="" type="checkbox"/>	<input type="checkbox"/>
13. Copy of other parent's passport	<input checked="" type="checkbox"/>	<input type="checkbox"/>

* The original copy must also be presented for verification purposes

Admissions Office	Name	Signature	Date
Checked by:			
Reviewed by:			
Validated by Lead Registrar:			

Al Khor International School
Al Khor Community
PO Box: 22166
Doha, Qatar
T: +974 4473 3688 / 4666
F: +974 4473 4671
www.akis.sch.qa

مدرسة الخور الدولية
AL KHOR INTERNATIONAL SCHOOL



ADMIN-HR/1179/2023

12 February 2023

To whom it may concern,

This is to confirm that **Asmaa Binti Samsudin** staff number **1374**, is a bona fide employee of Al Khor International School.

Al Khor International School (AKIS) employ her full-time as **Arabic & Islamic Studies Teacher** since **05 March 2017**.

The above named employee is on **Overseas Married with Children contract status** and under contract until **31 August 2023** and renewable by mutual agreement.

She currently resides at the following address;

Building Number – 33
Street Number – 654 .
Zone – 74
Al Khor – Qatar

The above information is given at the request of the employee and Al Khor International School accepts no responsibility or liability.

Yours sincerely,

STEPHEN WILLIAMS
Lead – Human Resources
Al Khor International School



State Of Qatar
Residency Permit



دولة قطر
رخصة إقامة

ID.No: 31945800018 الرقم الشخصي:
D.O.B.: 30/04/2019 تاريخ الميلاد:
Expiry: 07/06/2023 الصلاحية:
Nationality: ماليزيا الجنسية:
Occupation: طفلة المهنة:



الاسم: تالين علي

Name: TALEEN MAHMOUD MOHAMED ALI

Passport Number: A57717676 رقم جواز السفر:
Passport Expiry: 22/06/2028 تاريخ انتهاء الجواز:
Serial No: 30331945800018 الرقم المسلسل:
Residency Type: عائلية نوع الرخصة:
Employer: امماء بنت شمس الدين المستقدم:
مدير عام الإدارة العامة للجوازات
General Director of the General
Directorate of Passports توقيع حامل البطاقة
Holder's signature



JPN LM05





KERAJAAN MALAYSIA
GOVERNMENT OF MALAYSIA
SIJIL KELAHIRAN
BIRTH CERTIFICATE



Akta Pendaftaran Kelahiran dan Kematian 1957
Births and Deaths Registration Act 1957

No. Daftar
Registration No. **DV 66432**

Kawasan Pendaftaran Registration Area MALAYSIA BARAT		Pusat Pendaftaran Registration Centre JPN PUCHONG	
KANAK-KANAK / CHILD			
Nama Penuh Full Name TALEEN BINTI MAHMOUD MOHAMED MAHMOUD ALI			
Tarikh dan Waktu Kelahiran Date and Time of Birth 30 APRIL 2019 08:21 AM		Tempat Kelahiran Place of Birth COLUMBIA ASIA HOSPITAL-SETAPAK KUALA LUMPUR	
Keturunan Race MELAYU			
Taraf Kewarganegaraan Status of Citizenship WARGANEGARA	Jantina Sex PEREMPUAN	Agama Religion ISLAM	
BAPA / FATHER			
Nama Name MAHMOUD MOHAMED MAHMOUD ALI			
No. Kad Pengenalan Identity Card No. Maklumat Tidak Berkenaan	Umur Age 29 TAHUN	Jenis dan No. Dokumen Pengenalan Lain Types and No. of Other Identity Document PASPORT EGYPT A11310094	
Taraf Kewarganegaraan Status of Citizenship BUKAN WARGANEGARA			
Taraf Pemastautin Residential Status Maklumat Tidak Berkenaan	Keturunan Race MESIR	Agama Religion ISLAM	
IBU / MOTHER			
Nama Name ASMAA BINTI SAMSUDIN			
No. Kad Pengenalan Identity Card No. 850218 - 71 - 5086	Umur Age 34 TAHUN	Jenis dan No. Dokumen Pengenalan Lain Types and No. of Other Identity Document Maklumat Tidak Berkenaan	
Taraf Kewarganegaraan Status of Citizenship WARGANEGARA			
Taraf Pemastautin Residential Status Maklumat Tidak Berkenaan	Keturunan Race MELAYU	Agama Religion ISLAM	
Alamat Tempat Tinggal Residential Address BLOK A-8-2 AMAN HEIGHTS CONDO JALAN BERSATU BUKIT SERDANG 43300 SERI KEMBANGAN SELANGOR			
PEMAKLUM / INFORMANT			
Nama Name ASMAA BINTI SAMSUDIN			
No. Kad Pengenalan Identity Card No. 850218 - 71 - 5086		Jenis dan No. Dokumen Pengenalan Lain Types and No. of Other Identity Document Maklumat Tidak Berkenaan	
Tarikh Pendaftaran Date of Registration 07 MEI 2019			
		<p>Disahkan bahawa maklumat di atas adalah seperti yang dicatat dalam Daftar Kelahiran. Certified as a true extract from the Register of Births</p> <p style="text-align: center;">  PENDAFTAR BESAR KELAHIRAN & KEMATIAN MALAYSIA <small>REGISTRAR GENERAL</small> <small>SE-UTAS & KEMATI-MALAYSIA</small> </p>	

COLUMBIA ASIA

BABY'S HEALTH RECORD



*I am a
Baby Girl*

Name : Takeen Mahmood

MRN : SETA : 106630

Mother : ASMAA BINTI SAMSUDIN

Obstetrician : DR. SUHAICHI HASSAN

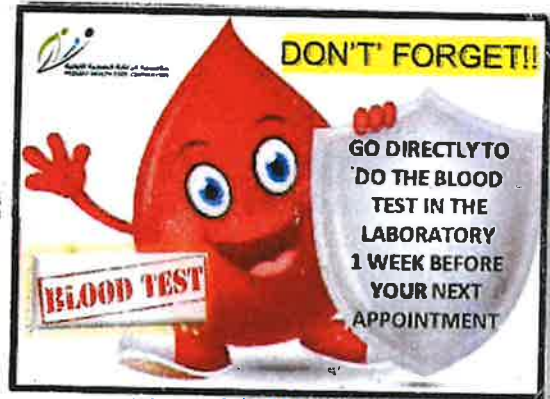
Pediatrician : DR. KEE

RECOMMENDED IMMUNIZATION SCHEDULE

VACCINES	AGE	DOSE	DATE GIVEN / SIGN
BCG Hepatitis B	Birth	1st	2/5/19 @ SW H-44g
	Birth	1st	3/5/19 @ SW H-44g
	1 st mths	2nd	01/06/2019 <i>g</i>
	6 mths	3rd	
DTP-IPV-Hib (5-in-1) or DTP-IPV-Hib-Hep B (6-in-1)	2 mths	1st	06/7/2019
	3 mths	2nd	
	5 mths	3rd	
Rotavirus	2 mths	1st	06/7/19
	4 mths	2nd	
PCV (Pneumococcal)	2 mths	1st	6/1/19
	3 mths	2nd	
	5 mths	3rd	
	≥ 12 mths	4th	
MMR or MMRV	≥ 9 mths	1st	/
	≥ 12 mths	2nd	
Varicella (Chickenpox)	≥ 12 mths	1st	
DTP-IPV-Hib	18 mths	booster	
MMR	6 - 7 yrs	booster	
DTP-Polio	6 - 7 yrs	booster	

OTHER IMMUNIZATIONS

VACCINES	AGE	DOSE	DATE GIVEN / SIGN
PCV (Pneumococcal)	≥ 7 mths	1 st	
		2 nd	
		3 rd	
Influenza (Flu)	≥ 7 mths	1 st	
		2 nd	
		yearly	
Hepatitis A	≥ 1 yr	1 st	
		2 nd	
Japanese Encephalitis	≥ 1 yr	1 st	
		2 nd	
		3 rd	
Meningococcal	≥ 2 yrs	1 st	
		3 yearly	
Typhoid	≥ 2 yrs	1 st	
		3 yearly	
Others			



بنت / Girl



Child Health Notebook
Well Baby Clinic

	الإسم Name
HC NUMBER: HC05751767	الرقم الشخصي ID No.
NAME: TALEEN MAHMOUD MOHAMED ALI	الرقم الصحي HC No.
NATIONALITY: Malaysian	
DOB: 30/04/2019	
GENDER: Female	
HC Expiry: 27/06/2020	
المركز الصحي Health Centre	

Alkhor H.C.
Mob # 6690 1805





مؤسسة حمد الطبية
Hamad Medical Corporation
HEALTH · EDUCATION · RESEARCH
صحة · تعليم · بحوث

البطاقة الصحية
Health Card

H.C. No. : الرقم الصحي
HC05751767

الإسم
Name: **TALEEN MAHMOUD MOHAMED ALI**

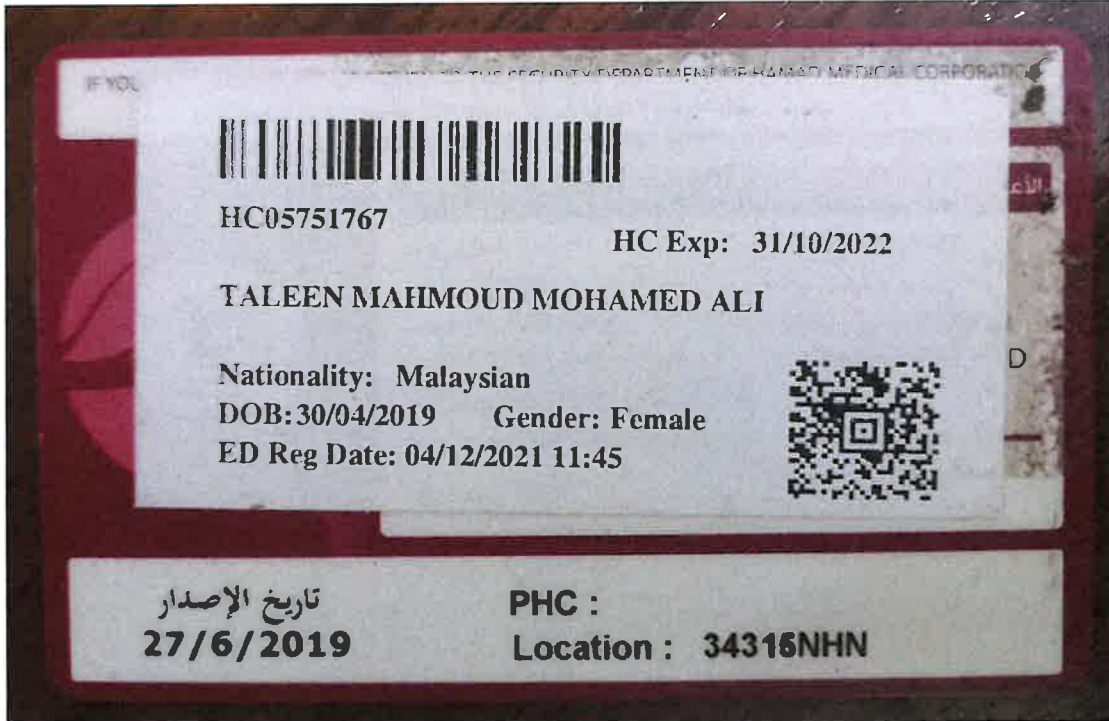
تالين علي

تاريخ الميلاد
Date of Birth: **30/4/2019**

الجنسية
Nationality: **Malaysian**

ماليزية

الرقم الشخصي
ID No: **31945800018**



IF YOU
FOR THE SECURITY DEPARTMENT OF HAMAD MEDICAL CORPORATION

HC05751767

HC Exp: 31/10/2022

TALEEN MAHMOUD MOHAMED ALI

Nationality: Malaysian

DOB: 30/04/2019 Gender: Female

ED Reg Date: 04/12/2021 11:45

تاريخ الإصدار
27/6/2019

PHC :
Location : 34316NHN

State Of Qatar
Residency Permit



دولة قطر
رخصة إقامة

ID.No: 28545800227 الرقم الشخصي:

D.O.B.: 18/02/1985 تاريخ الميلاد:

Expiry: 02/03/2025 الصلاحية:

ماليزيا الجنسية:

Nationality: MALAYSIA

Occupation: مدرسه المهنة:



الاسم: اسماء بنت شمس الدين

Name: ASMAA BINTI SAMSUDIN

Passport Number: A55717673

Passport Expiry: 22/06/2028

Serial No: 30528545800227

Residency Type: عمل

Employer: شركة قطر غاز للتشغيل المحدودة

مدير عام الإدارة العامة للجوازات
General Director of the General
Directorate of Passports

توقيع حامل البطاقة
Holder's signature



رقم جواز السفر:

تاريخ انتهاء الجواز:

الرقم الممثل:

نوع الرخصة:

المستخدم:



State Of Qatar
Residency Permit

دولة قطر
رخصة إقامة

الرقم الشخصي: 29081809070
تاريخ الميلاد: 15/02/1990
الصلاحية: 30/04/2024
الجنسية: مصري

Nationality: EGYPT
Occupation: بدون

المهنة:
الاسم: محمود محمد محمود على

Name: MAHMOUD ALI



رقم جواز السفر: A25241750
تاريخ انتهاء الجواز: 31/07/2026
الرقم الممثل: 30529081809070
نوع الرخصة: عقلية
المستقدم: اسماء بنت شمس الدين

Passport Number: A25241750
Passport Expiry: 31/07/2026
Serial No: 30529081809070
Residency Type: عقلية
Employer: اسماء بنت شمس الدين

مدير عام الإدارة العامة للجوازات
General Director of the General
Directorate of Passports

توقيع حامل البطاقة
Holder's signature



