

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): Chetty	Gender: Male: <input type="checkbox"/> Female: <input checked="" type="checkbox"/>
First Name (as per passport): Ariyana Rai	Date of Birth (DD/MM/YYYY): 12-08-2013
Place of Birth (City/ State): DURBAN	Country of Birth: South Africa
Passport No.: A07656886	Nationality: South African
Qatar ID No.: A07656886	HMC Medical Card No.: A07656886
Religion: (required by MOEHE) Muslim <input type="checkbox"/> Christian <input type="checkbox"/> Other <input checked="" type="checkbox"/> Hindu	Year Group/ Class requested for admission: 5

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 English speaks to her child mainly in English

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

Nanny's/Maid's native language is N/A speaks to her child mainly in N/A

DETAILS OF LAST SCHOOL (if applicable)

School Name: Hillary Primary School	Year: 2023
School Address: Corner Waverly Place, Hillary Durban.	
Syllabus followed in the school: British <input checked="" type="checkbox"/> American <input type="checkbox"/> IB <input type="checkbox"/> Other <input type="checkbox"/> (please specify): _____	



FAMILY INFORMATION

Home Address (in Qatar): Flat C- 20022
 Al Khor Community

SPONSORING PARENT'S INFORMATION

Name: (as per passport) Tyson Chetty Father Mother

Company: Qatargas AKIS Other (please specify) _____ Staff No.: 21620

Qatar ID No.: 28871000372 Nationality: South African

Mobile No.: 6640 3108 Home Tel. No.: N/A Work Tel. No.: 44738993

Work Email Address: tchetty@qatarqas.com.qa Preferred contact:
 Personal Email Address: chettytyson@yahoo.com Work
 Personal

OTHER PARENT'S INFORMATION

Name: (as per passport) Viloshini Chetty Father Mother

Qatar ID No.: A10041979 Nationality: South African

Mobile No.: 6640 3108 Home Tel. No.: N/A Work Tel. No.: N/A

Email Address: chettyrock@gmail.com

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

Name: Percy Relationship: Grandfather Tel No(s): +2731 4632686

DETAILS OF OTHER SIBLINGS CURRENTLY IN AKIS-BC

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

IF YES, PLEASE PROVIDE DETAILS BELOW:

Name	Year	House

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.

N/A

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.

N/A

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.

Tartazine

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.

N/A

Additional/Special Needs:

Does your child have any additional/special needs that the school needs to be aware of?

Hearing Sight Speech Other - please specify: N/A

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: Tyson Chetty

Signature: 

Date: 24-05-2023

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).

Tyson Chetty

Name of Parent (In BLOCK letters)

[Signature]



Signature

24-05-2023

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 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 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 checked="" type="checkbox"/>	<input type="checkbox"/>
9. Copy of Hamad Medical Corporation (HMC) card	<input 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 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:			



شركة قطرغاز
للتشغيل المحدودة
ص ب ٢٢٦٦٦
الدوحة، دولة قطر
الهاتف: ٦٠٠ ٤٤٧٣ ٩٧٤ +
فاكس: ٦٦٦٦ ٤٤٧٣ ٩٧٤ +
www.qatargas.com.qa



Tel. : 4452 3222
Fax : 4473 6345
Ref. : PA/21620/K600493
Date : 23.05.2023

TO WHOM IT MAY CONCERN

This is to certify that Mr. Tyson Chetty (Staff No:21620) is an employee of Qatargas Operating Company Limited. Employee joined the Company on 10 February 2023.

We confirm that Mr. Tyson Chetty is currently residing in Company provided accommodation as follows:

Residence Address

Flat C-20022 - AKC Al-Khor Housing Community

Al-Khor

P.O. Box 22166

State of Qatar

Yours faithfully,

For **QATARGAS OPERATING COMPANY LIMITED**

Abdulaziz Mubarak J A Al-Kuwari
SENIOR PA OPERATIONS OFFICER



State Of Qatar
Residency Permit



دولة قطر
رخصة إقامة

ID.No: 31371000100 : الرقم الشخصي
D.O.B.: 12/08/2013 : تاريخ الميلاد
Expiry: 19/06/2024 : الصلاحية
جنوب افريقيا : الجنسية
Nationality: SOUTH AFRICA
Occupation: طالبه : المهنة



الاسم: يا شيتي

Name: ARIYANA RAI CHETTY

Passport Number: A07656886 : رقم جواز السفر
Passport Expiry: 15/09/2027 : تاريخ انتهاء الجواز
Serial No: 30131371000100 : الرقم الممثل
Residency Type: عائلية : نوع الرخصة
Employer: تايسون شيتي : الممتقدم

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

توقيع حامل البطاقة
Holder's signature





home affairs

E 6056652

Department:
Home Affairs
REPUBLIC OF SOUTH AFRICA

83/DHA - 5

PARTICULARS FROM THE POPULATION REGISTER I.R.O.:

UNABRIDGED

BIRTH CERTIFICATE

CHILD IDENTITY NUMBER: 1308120809088
 SURNAME: CHETTY
 FORENAMES: ARIYANA RAI

GENDER: FEMALE DATE OF BIRTH: 2013-08-12
 PLACE OF BIRTH: CHATSWORTH
 COUNTRY OF BIRTH: SOUTH AFRICA

MOTHER: IDENTITY NUMBER: 8812050099084
 MAIDEN/ SURNAME: CHETTY
 FORENAMES: VILOSHINI

DATE OF BIRTH: 1988-12-05
 PLACE OF BIRTH: DURBAN
 COUNTRY OF BIRTH: SOUTH AFRICA

FATHER: IDENTITY NUMBER: 8811245119088
 SURNAME: CHETTY
 FORENAMES: TYSON

DATE OF BIRTH: 1988-11-24
 PLACE OF BIRTH: DURBAN
 COUNTRY OF BIRTH: SOUTH AFRICA

ENDORSEMENTS:
 NONE

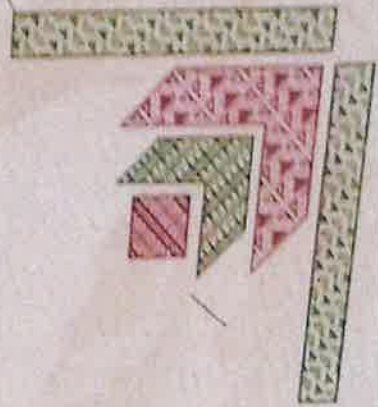
DEPARTMENT OF HOME AFFAIRS
 BRANCH: CIVIL AND SOCIAL
 AREA: DURBAN CHATSWORTH
 2013-08-26
 DISTRICT OFFICIAL DATE STAMP

DIRECTOR-GENERAL: HOME AFFAIRS

DATE PRINTED: 20130826

ISSUED BY: YLN212





PARENTS / GUARDIAN PARTICULARS

MOTHER:
IDENTITY NUMBER: 8812050099084
MAIDEN SURNAME: MUNDREE
FORENAMES: VILOSHINI
DATE OF BIRTH: 1988-12-05
PLACE OF BIRTH: DURBAN
COUNTRY OF BIRTH: ZAF

FATHER:
IDENTITY NUMBER: 8811245119088
MAIDEN SURNAME: CHETTY
FORENAMES: TYSON
DATE OF BIRTH: 1988-11-24
PLACE OF BIRTH: DURBAN
COUNTRY OF BIRTH: ZAF

ENDORSEMENTS:
NONE

REPUBLIC OF
SOUTH AFRICA

DETAILS OF CHILD AND FAMILY (To be completed at birth)

Child's first name and surname: Ariyana Chetty

Child's ID number:

--	--	--	--	--	--	--	--	--	--

Mother's ID number:

8	8	1	2	0	5	0	0	9	9	0	8	4
---	---	---	---	---	---	---	---	---	---	---	---	---

Date of birth: 12 / 08 / 2013 Name of facility where child was born: Chatsmed Ender
 dd mm yyyy

Child's residential address: 66 Kennoxley Hillary

Mother's name: Niloshini Mother's birth date: 88 12 05
 dd mm yyyy

Father's name: Tyson Who does the child live with? Parents

How many children has the mother had (including this child?)

Number born (including stillbirths) Reason (s) for death (s):

Number alive now Date information given: 12, 08, 2013
 dd mm yyyy

Child in need of special care (mark with X)
 (Complete at delivery or at first contact with health services)

Is the baby a twin, triplet, etc? Yes No Does the mother need additional support to care for the child? (Specify) Yes No

Any disability present (including birth defects?) (Specify) Yes No Other: (Specify)

Stamp of facility and name and signature of official who issued booklet

IMMUNISATIONS

Name and surname:		ID number:																		
<u>Ariyana Chetty</u>		<table border="1"><tr><td>1</td><td>2</td><td>0</td><td>8</td><td>1</td><td>2</td><td>0</td><td>5</td><td>0</td><td>0</td><td>9</td><td>9</td><td>0</td><td>8</td><td>4</td></tr></table>				1	2	0	8	1	2	0	5	0	0	9	9	0	8	4
1	2	0	8	1	2	0	5	0	0	9	9	0	8	4						
Age group	Batch no.	Vaccine	Site	Date given dd/mm/yy	Signature															
Birth	<u>11205A</u>	BCG	Right arm	<u>13/8/2013</u>	<u>SRMB Ismail</u>															
	<u>J5074</u>	OPV0	Oral	<u>13/8/2013</u>																
6 weeks	<u>J5072</u>	OPV1	Oral	<u>23/9/13</u>																
	<u>ARCA 6520A</u>	RV1	Oral	<u>23/9/13</u>																
	<u>J442-2</u>	DTaP-IPV-Hib1	Left thigh	<u>23/9/13</u>																
	<u>20191/0</u>	Hep B1	Right thigh	<u>23/9/13</u>																
	<u>605485</u>	PCV 1	Right thigh	<u>23/9/13</u>																
	<u>J7100</u>	DTaP-IPV-Hib2	Left thigh	<u>29/10/13</u>																
14 weeks	<u>20191/0</u>	Hep B2	Right thigh	<u>29/10/13</u>																
	<u>J446</u>	DTaP-IPV-Hib3	Left thigh	<u>2/12/13</u>																
	<u>20151/0</u>	Hep B3	Right thigh	<u>2/12/13</u>																
	<u>62615</u>	PCV2	Right thigh	<u>2/12/13</u>																
9 months	<u>ARCA</u>	RV2	Oral	<u>2/12/13</u>																
	<u>J516-2</u>	Measles1	Left thigh	<u>12/5/14</u>																
	<u>H9163</u>	PCV3	Right thigh	<u>12/5/14</u>																
18 months	<u>ARCA</u>	Measles2	Left arm	<u>27/2/15</u>																
	<u>ARCA</u>	Measles2	Right arm	<u>27/2/15</u>																
6 years		Td	Left arm	<u>26/5/12</u>	<u>Numbay</u>															
12 years		Td	Left arm																	
	<u>ARCA</u>	MMCV	(R) Arm	<u>27/4/13</u>																

HEAD CIRCUMFERENCE AT 14 WEEKS AND AT 12 MONTHS

14 Weeks: 40cm Range: 37 - 42 cm 12 Months: _____ (Range: 42 - 47.5)

REFER if head circumference is outside range

DETAILS OF CHILD AND FAMILY (To be completed at birth)

Child's first name and surname: Arijana Chetty

Child's ID number:

Mother's ID number: 8812050099084

Date of birth: 12 / 08 / 2013 Name of facility where child was born: Chatsmed Ewadan

Child's residential address: 66 Lennoxley Hillway

Mother's name: Viloshini Mother's birth date: 88 12 05

Father's name: Tyson Who does the child live with? Parents

How many children has the mother had (including this child?)

Number born (including stillbirths) Reason (s) for death (s):

Number alive now Date information given: 12, 08, 2013
dd mm yyyy

Child in need of special care (mark with X)
(Complete at delivery or at first contact with health services)

Is the baby a twin, triplet, etc? Yes No

Does the mother need additional support to care for the child? (Specify) Yes No

Any disability present (including birth defects?) (Specify) Yes No Other: (Specify):

Stamp of facility and name and signature of official who issued booklet

IMMUNISATIONS

Name and surname:		ID number			
<u>Arijana Chetty</u>		<u>120812050099084</u>			
Age group	Batch no.	Vaccine	Site	Date given dd/mm/yy	Signature
Birth	<u>11205A</u>	BCG	Right arm	<u>13/8/2013</u>	<u>S.M.B. Ismail</u>
	<u>J5074</u>	OPV0	Oral	<u>13/8/2013</u>	
6 weeks	<u>J5072</u>	OPV1	Oral	<u>23/9/13</u>	
	<u>ARCA 6520A</u>	RV1	Oral	<u>23/9/13</u>	
	<u>1442-25</u>	TaP-IPV-Hib1	Left thigh	<u>23/9/13</u>	
	<u>20191/0</u>	Hep B1	Right thigh	<u>23/9/13</u>	
	<u>GOS485</u>	PCV1	Right thigh	<u>23/9/13</u>	
	<u>J7100</u>	DTaP-IPV-Hib2	Left thigh	<u>25/10/13</u>	
14 weeks	<u>20151/0</u>	Hep B2	Right thigh	<u>25/10/13</u>	
	<u>J446</u>	DTaP-IPV-Hib3	Left thigh	<u>2/12/13</u>	
	<u>20151/0</u>	Hep B3	Right thigh	<u>2/12/13</u>	
	<u>22615</u>	PCV2	Right thigh	<u>2/12/13</u>	
9 months	<u>ARCA</u>	RV2	Oral	<u>2/12/13</u>	
	<u>3510-2</u>	Measles1	Left thigh	<u>12/5/14</u>	
	<u>H9163</u>	PCV3	Right thigh	<u>12/5/14</u>	
18 months	<u>ARCA</u>	Measles2	Left arm	<u>27/2/15</u>	
	<u>ARCA</u>	Measles2	Right arm	<u>27/2/15</u>	
6 years		Td	Left arm	<u>26/5/12</u>	<u>Nmubanyi</u>
12 years		Td	Left arm	<u>26/5/12</u>	<u>Nmubanyi</u>
	<u>ARCA</u>	<u>Measles</u>	<u>(R) Arm</u>	<u>27/4/13</u>	<u>Nmubanyi</u>

HEAD CIRCUMFERENCE AT 14 WEEKS AND AT 12 MONTHS

14 Weeks: 40cm (Range: 37 - 42 cm) 12 Months: _____ (Range: 42 - 47.5)

REFER if head circumference is outside range



مؤسسة حمد الطبية
Hamad Medical Corporation

صحة · تعليم · بحوث
HEALTH · EDUCATION · RESEARCH

H.C. No. : الرقم الصحي: **HC08661210** **البطاقة الصحية**
Health Card

الإسم: **يا شيتي**
Name: **ARIYANA RAI CHETTY**
Date of Birth: **12/8/2013** تاريخ الميلاد:
Nationality: **South African** **جنوب أفريقيا** الجنسية:
ID No: **31371000100** الرقم الشخصي:

IF YOU FIND THIS CARD, PLEASE RETURN TO THE SECURITY DEPARTMENT OF HAMAD MEDICAL CORPORATION
إذا وجدت هذه البطاقة الرجاء إعادتها إلى قسم الأمن في مؤسسة حمد الطبية



IMPORTANT MEDICAL DATA الأعراس المرضية الأساسية

- CAD
- RENAL FAILURE
- EPILEPSY
- ASTHMA & COPD
- HYPERTENSION
- DRUGS ALLERGY
- DIABETES MELLITUS
- IMUNOSUPPRESSED
- COAGULATION DISORDER

BLOOD GROUP:

HEALTH CENTER: **78**

تاريخ الإصدار
28/8/2023

PHC :
Location : **539RWN**

State Of Qatar
Residency Permit



دولة قطر
رخصة إقامة

ID.No: 28871000372 الرقم الشخصي:
D.O.B.: 24/11/1988 تاريخ الميلاد:
Expiry: 11/02/2024 الصلاحية:
جنوب أفريقيا الجنسية:
Nationality: SOUTH AFRICA
Occupation: اطفائي المهنة:



الاسم: تايسون شيتي

Name: TYSON CHETTY

Passport Number: A09975722 رقم جواز السفر:
Passport Expiry: 23/08/2032 تاريخ انتهاء الجواز:
Serial No: 30128871000372 الرقم المسلسل:
Residency Type: عمل نوع الرخصة:
Employer: شركة قطر غاز للتشغيل المحدودة المستخدم:
مدير عم الإدارة العامة للجوازات
General Director of the General
Directorate of Passports توقيع حامل البطاقة
Holder's signature



State Of Qatar
Residency Permit



دولة قطر
رخصة إقامة

ID.No: 28871000384 : الرقم الشخصي
D.O.B.: 05/12/1988 : تاريخ الميلاد
Expiry: 19/06/2024 : الصلاحية
جنوب افريقيا : الجنسية
Nationality: SOUTH AFRICA
Occupation: ربة منزل : المهنة



الاسم: فا شيتي

Name: VILOSHINI CHETTY

Passport Number: A10041979 : رقم جواز السفر
Passport Expiry: 15/09/2032 : تاريخ انتهاء الجواز
Serial No: 30128871000384 : الرقم الممثل
Residency Type: عقلية : نوع الرخصة
Employer: تايسون شيتي : المستقدم
مدير عام الإدارة العامة للجوازات
General Director of the General
Directorate of Passports
توقيع حامل البطاقة
Holder's signature





Hillary Primary School

Cnr. Waverley &
Hillary
4094

Est. 1889



STATE OF QATAR دولة قطر
Ministry of Foreign Affairs وزارة الخارجية

Telephone (031) 464-7877/8

Fax (031) 464-8404

P.O. Box 24004

Hillary 4024

Mail: admin@hillaryprimary.co.za

No.: 2023001056401/1 الرقم

Date: 17/04/2023 التاريخ

In - في Amount: 100 QAR السعر

ARIYANA RAI

نصادق على صحة الختم والتوقيع ل
سفارة جمهورية جنوب أفريقيا في
دون أدنى مسؤولية عن المحتويات

Grade: Grade 03

Class: 3H

Date: 2022/12/08

Learner: CHETTY, ARIYANA - 520722665

Admission No: 202049

Birth Date: 20130812

School Closes: 2022/12/14



2655455

Subject	Term 1			Term 2			Term 3			SBA %	Exam Mark %	Final for Year		
	Final %	Level	Grade Ave %	Final %	Level	Grade Ave %	Final %	Level	Grade Ave %			Final Mark	Final %	Level
English Home Language (Gr 03)	72	6	67	83	7	72	90	7	74		84	84	7	73
IsiZulu First Additional Language (Gr 03)	78	6	69	64	5	70	81	7	74		78	78	6	73
Mathematics (Gr 03)	84	7	67	88	7	70	93	7	69		91	91	7	70
Life Skills (Gr 03)	80	7	73	85	7	78	69	5	74		80	80	7	75
Learner Total / Average:	314		79	320		80	333		83		333		83	
Result:	Promoted			Promoted			Promoted				Promoted			
Days Absent To Date:	4			6			12				37			

General Remarks:

Ariyana has achieved good results. She displays a sound work ethic. It was a pleasure to teach her.

COMPUTER SCIENCE 100%

Extra Mural Activities

Mini-Cricket	Mini-Soccer	Ball-Skills	Art Club
Hindu-Studies	Mini-Chess	FP Choir	Mini-Netball
Swimming	SU	Mini-Hockey	Cross-Country
Non-Participation	Cross-Country	Green-fingers	Speech & Drama
Other			

South African Embassy
P O Box 24744
Villa No 11, Saha 100
West Bay, Doha
Qatar

Please inform the school if your child comes into contact with any infectious diseases during the holidays.

School re-opens on 18th January 2023



Nomathemba Nonti Siwundla
1st Secretary - Admin

[Signature]
Class Educator

[Signature]
DP/HOD

[Signature]
Principal

[Signature]
Parent

Foundation Phase Gr 1-3: The learner must achieve at least: Level 4 in HL and Level 3 in FAL and Level 3 in Mathematics
Level 1 = 0 - 29.99 Not Achieved; 2 = 30 - 39.99 Elementary Achievement; 3 = 40 - 49.99 Moderate Achievement; 4 = 50 - 59.99 Adequate Achievement;
5 = 60 - 69.99 Substantial Achievement; 6 = 70 - 79.99 Meritorious Achievement; 7 = 80 - 100 Outstanding Achievement;