

Qatargas Operating
Company Limited
PO Box 22666
Doha, Qatar
T: +974 4473 6000
F: +974 4473 6666
www.qatargas.com



Tel. : 4452 3222
Fax : 4473 6345
Ref. : PA/12538/Q015466
Date : 21.07.2022

TO WHOM IT MAY CONCERN

This is to certify that Mr. Amrullah Robe'l (Staff No:12538) is an employee of Qatargas Operating Company Limited. Employee joined the Company on 12 November 2006.

We confirm that Mr. Amrullah Robe'l is currently residing in Company provided accommodation as follows:

Residence Address

Flat C-09202 - AKC Al-Khor Housing Community
Al-Khor
P.O. Box 22166
State of Qatar

Yours faithfully,

For **QATARGAS OPERATING COMPANY LIMITED**



Mohammed Mubarak Al-Kuwari
SENIOR PA OPERATIONS SUPERVISOR

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): <u>AMRULLAH</u>	Gender: Male: <input type="checkbox"/> Female: <input checked="" type="checkbox"/>
First Name (as per passport): <u>SHOFIYYA</u>	Date of Birth (DD/MM/YYYY): <u>14/01/2018</u>
Place of Birth (City/ State): <u>AL-KHOR / QATAR</u>	Country of Birth: <u>QATAR</u>
Passport No.: <u>B8716823</u>	Nationality: <u>INDONESIA</u>
Qatar ID No.: <u>31836000006</u>	HMC Medical Card No.: <u>HC05713147</u>
Religion: (required by MOEHE) Muslim <input checked="" type="checkbox"/> Christian <input type="checkbox"/> Other <input type="checkbox"/>	Year Group/ Class requested for admission: <u>FS</u>

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

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

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

Mother's native language is BAHASA speaks to her child mainly in BAHASA

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

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

DETAILS OF LAST SCHOOL (if applicable)

School Name: <u>—</u>	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):
 AL-KHOR COMMUNITY CG2-02
 AL-KHOR

SPONSORING PARENT'S INFORMATION

Name: (as per passport) AMRULLAH ROBEI		Father <input checked="" type="checkbox"/> Mother <input type="checkbox"/>
Company: Qatargas <input checked="" type="checkbox"/> AKIS <input type="checkbox"/> Other <input type="checkbox"/> (please specify) _____		Staff No.: 12538
Qatar ID No.: 27736002170	Nationality: INDONESIA	
Mobile No.: 55964673	Home Tel. No.: 94726485	Work Tel. No.:
Work Email Address: arobei@qatargas.com.qa Personal Email Address: amrul.robei@gmail.com		Preferred contact: Work <input type="checkbox"/> Personal <input checked="" type="checkbox"/>

OTHER PARENT'S INFORMATION

Name: (as per passport) BADIHA BACHLAWI		Father <input type="checkbox"/> Mother <input checked="" type="checkbox"/>
Qatar ID No.: 27736002291	Nationality: INDONESIA	
Mobile No.: 55594309	Home Tel. No.: 94726485	Work Tel. No.: -
Email Address: teh.ibet@gmail.com		

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

Name: RIDWAN	Relationship: UNCLE	Tel No(s).: 55363842
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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 5

IF YES, PLEASE PROVIDE DETAILS BELOW:

Name	Year	House
MUHAMMAD ZAHID NAUFAL (Leaving)	12	
MUHAMMAD ZAYYAD AZIZAN	11	
ZALFA SALIHA AMRULLAH	8	
FATIMAH AZZAHRA AMRULLAH	6	
OMAR AMRULLAH	3	

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.

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:

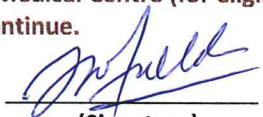
Does your child have any additional/special needs that the school needs to be aware of?

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: AMRULLAH ROBEI

Signature: 

Date: 26/07/2022

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).

ANRULLAH ROBE'I

Name of Parent (In BLOCK letters)

[Signature]

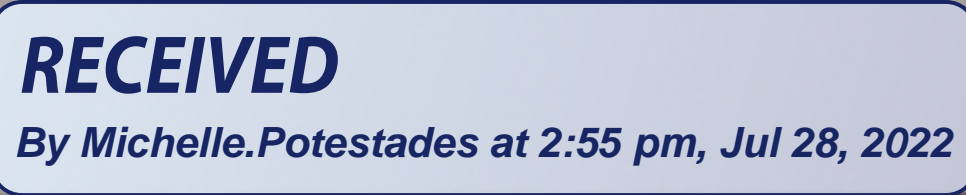
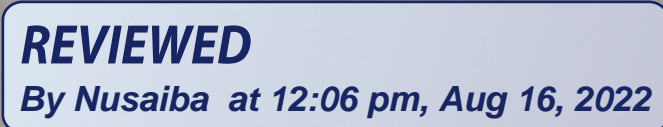
Signature

26/07/22

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:		<u>[Signature]</u>	
Reviewed by:		<u>[Signature]</u>	
Validated by Lead Registrar:			

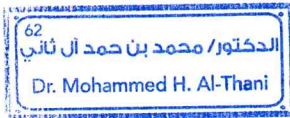


مستخرج رسمي من شهادة ميلاد
COPY OF BIRTH CERTIFICATE

Baby Name	SHOFIYYA AMRULLAH	اسم المولود
Sex	Female	الجنس
Date of Birth	14/01/2018 (27/04/1439)	تاريخ الميلاد بالأرقام
Date of Birth in Words	FOURTEENTH OF JANUARY TWO THOUSAND EIGHTEEN	تاريخ الميلاد بالحروف
Place of Birth	AL KHOR HOSPITAL - QATAR	محل الميلاد
Father's Name	AMRULLAH ROBE I	اسم الأب
Religion	MUSLIM	ديانة الأب
Nationality of Father	INDONESIA	جنسية الأب
Mother's Name	BADIAH BACHLAWI	اسم الأم
Religion	MUSLIM	ديانة الأم
Nationality of Mother	INDONESIA	جنسية الأم
Registration Number	001994/2018	رقم التسجيل
Registration Date	23-Jan-2018	تاريخ التسجيل
Date Of Issue	23-Jan-2018	تاريخ الاصدار

أشهد أن ماورد أعلاه هو نقل صحيح من سجل مواليد إدارة الصحة العامة بالدوحة - دولة قطر

I certify that the above is a true copy of an entry in the register of births of the Public Health Department, Doha-Qatar.



محمد صالح
مدير إدارة الصحة العامة
Director of Public Health Department



هنا
hqehaiz

Alfaram

ملاحظات Remarks	التاريخ والتوقيع Date and Signature		التحصين ضد Imm. Against
	ثانية 2nd	جرعة أولى 1st	
		20/05/22	الجدري المائي (A) Hep A
		30/05/22 (1020650)	الحمية والحصبة الألمانية والنكاف MMR
			الجدري المائي Varicella
	الجرعات المتبقية Booster Doses		
			الرابع Tetra
			المكورات الرئوية المتبقية PCV B
			شلل الأطفال الفموي المتبقية OPV B
			الثنائي DTaP
			الثنائي Td
			تيتانوس Tetanus
			Others

الحساسيات
Allergies

ملاحظات Remarks	التاريخ والتوقيع Date and Signature			التحصين ضد Imm. Against
	ثالثة 3rd	ثانية 2nd	جرعة أولى 1st	
			30/05/22 (13848)	الجدري الفيروسي (ب) Hep B
				السداسي Hexa
				الجدري الفيروسي (ب) Hep B
				الجدري الفيروسي DTaP
				الجدري الفيروسي Hib
				شلل الأطفال المعطل IPV
				الجدري الفيروسي (ب) Hep B
				الجدري الفيروسي DTP
				الجدري الفيروسي Hib
				شلل الأطفال الفموي Oral Polio Vaccine (OPV)
			30/05/22 (PA3663)	المكورات الرئوية PCV
				الفيروسات العنقبة Rota Virus

الفحوصات
Investigations

اختبار التوبركولين
Tuberculin Test

Passport Number:

Passport Expiry:

Serial No:

Residency Type:

Employer:

مدير علم الاجرة العامة للوزارات
General Director of the General
Directorate of Passports

C7339501
08/12/2025

30727736002291

عائلية
امريك روب

توقيع حامل البطاقة
Holder's signature



[Handwritten signature]



رقم جواز السفر:

تاريخ انتهاء الجواز:

الرقم التسلسلي:

نوع الإقامة:

المستلم:

Passport Number:

Passport Expiry:

Serial No:

Residency Type:

Employer:

مدير علم الاجرة العامة للوزارات
General Director of the General
Directorate of Passports

B8716823

29/01/2023

30131836000006

عائلية

امريك روب

توقيع حامل البطاقة
Holder's signature



[Handwritten signature]



رقم جواز السفر:

تاريخ انتهاء الجواز:

الرقم التسلسلي:

نوع الإقامة:

المستلم:

Passport Number:

Passport Expiry:

Serial No:

Residency Type:

Employer:

مدير علم الاجرة العامة للوزارات
General Director of the General
Directorate of Passports

C4061448

17/02/2025

31127736002170

عمل

شركة قطر غاز للتبديل المتجددة

توقيع حامل البطاقة
Holder's signature



[Handwritten signature]



رقم جواز السفر:

تاريخ انتهاء الجواز:

الرقم التسلسلي:

نوع الإقامة:

المستلم:

* REQUIRED THIS CARD, PLEASE RETURN TO THE SECURITY DEPARTMENT OF HASAD MEDICAL CORPORATION
إذ رجعت هذه البطاقة الى القسم الامن في مؤسسة حصاد الطبية

IMPORTANT! MEDICAL DATA

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

BLOOD GROUP: HEALTH CENT: 75



تاريخ الإصدار
28/6/2020

PHC :
Location : 58097KRRN

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



Agreement Declaration
(Please return the signed document to Admissions Office)

I AMRULLAH ROBE'I as the parent/guardian of Shofiyya Amrullah

Admission No. FS am responsible for all tuition fees, examination fees and any other applicable fees.

I agree that in the event that any outstanding fees goes unpaid per the prevailing AKIS relevant policies and procedures, including but not limited to Tuition Fees Invoicing and Collection Policy and Ministry of Education and Higher Education Directive 7 (of 2012), AKIS retains the right to pursue the necessary action to obtain unpaid fees.

I am also aware that enrolment is not considered final, however, until arrangements for payment of all tuition fees have been finalized, and this agreement has been signed by the Parent/guardian and a representative of AKIS.

Parent/guardian is asked to sign below to indicate agreement:

Signature of Parent/Guardian

27/07/2022

Date

Signature of AKIS Admissions Team

Date