



## 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:
<b>New Admission</b> <input type="checkbox"/>	<b>Readmission</b> <input type="checkbox"/>

Please attach (recent)  
 2 passport size  
 photographs  
 of your child

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

### APPLICANT INFORMATION

Family Name (as per passport):	Gender: Male: <input type="checkbox"/> Female: <input checked="" type="checkbox"/>
First Name (as per passport): <b>KEISHA AL MAYASSA</b>	Date of Birth (DD/MM/YYYY): <b>02/07/2019</b>
Place of Birth (City/ State): <b>CILEGON</b>	Country of Birth: <b>INDONESIA</b>
Passport No.: <b>C3776014</b>	Nationality: <b>INDONESIA</b>
Qatar ID No.: <b>31936000055</b>	HMC Medical Card No.: <b>HC07051182</b>
Religion: (required by MOEHE) Muslim <input checked="" type="checkbox"/> Christian <input type="checkbox"/> Other <input type="checkbox"/> _____	Year Group/ Class requested for admission: <b>FOUNDATION STAGE</b>
<b>PROFILE OF LANGUAGES SPOKEN AT HOME (this will help us to place your child appropriately):</b>	
The child speaks mainly in <u>BAHASA INDONESIA</u> (language) at home.	
Her/she can understand English: Well <input type="checkbox"/> Little <input type="checkbox"/> Not at All <input checked="" type="checkbox"/>	
Mother's native language is <u>BAHASA INDONESIA</u> speaks to her child mainly in <u>BAHASA INDONESIA</u>	
Father's native language is <u>BAHASA INDONESIA</u> speaks to his child mainly in <u>BAHASA INDONESIA</u>	
Nanny's/Maid's native language is <u>BAHASA INDONESIA</u> speaks to her child mainly in <u>BAHASA INDONESIA</u>	

### 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):

AL KHOR COMMUNITY, C-16102, AL KHOR

### SPONSORING PARENT'S INFORMATION

Name: (as per passport)

ABDUL MANAN SYAHRIL

Father  Mother

Company: Qatargas  AKIS  Other  (please specify) \_\_\_\_\_

Staff No.:  
Q016765

Qatar ID No.:

27836003042

Nationality:

INDONESIA

Mobile No.:

33521554

Home Tel. No.:

44510257

Work Tel. No.:

44746404

Work Email Address: ASyahil@qatargas.com.qa

Personal Email Address: doel.manan@gmail.com

Preferred contact:

Work   
 Personal

### OTHER PARENT'S INFORMATION

Name:

(as per passport)  
IRMA YOSA

Father  Mother

Qatar ID No.:

28736000155

Nationality:

INDONESIA

Mobile No.:

55107704

Home Tel. No.:

44510257

Work Tel. No.:

-

Email Address:

yosa.irma@gmail.com

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

Name:

DODI ERLINDO

Relationship:

FRIEND

Tel No(s):

55211635

### DETAILS OF OTHER SIBLINGS CURRENTLY IN AKIS-BC

DO YOU CURRENTLY HAVE CHILDREN REGISTERED AT AKIS? YES  / NO  NO. OF CHILD/REN IN AKIS 03

IF YES, PLEASE PROVIDE DETAILS BELOW:

Name	Year	House
HARITZ NABIEL AL BARIK	12	
FAKHRY DAFFA AL KHALIFAH	09	
HAMMAM WILDAN AL TAMIM	07	
KEISHA AL MAYASSA	FOUNDATION	

### 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: ABDUL MANAN SYAHRIL

Signature: 

Date: 24/02/2023

## 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).

ABDUL MANAN SYAHRIL

Name of Parent (In BLOCK letters)



Signature

24/02/2023

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 checked="" 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:			

**Qatargas Operating  
Company Limited**

PO Box 22666

Doha, Qatar

T : +974 4473 6000

F : +974 4473 6666

www.qatargas.com.qa



Tel. : 4452 3222  
Fax : 4473 6345  
Ref. : PA/16765/Q015268  
Date : 13.02.2023

**TO WHOM IT MAY CONCERN**

This is to certify that Mr. Abdul Manan Syahril (Staff No: 16765) is an employee of Qatargas Operating Company Limited.

We confirm that Mr. Abdul Manan Syahril is currently residing with family in Company provided accommodation as follows:

**Residence Address**

Flat C-16102 - AKC Al-Khor Housing Community

Al-Khor

P. O. Box 22666

State of Qatar

Yours faithfully,

For **QATARGAS OPERATING COMPANY LIMITED**


Abdulaziz Mubarak J A Al-Kuwari  
**A/SENIOR PA OPERATIONS SUPERVISOR**



State Of Qatar  
Residency Permit



دولة قطر  
رخصة إقامة

ID.No: 31936000055 الرقم الشخصي:  
D.O.B.: 02/07/2019 تاريخ الميلاد:  
Expiry: 22/08/2025 الصلاحية:  
الجنسية: اندونيسيا  
Nationality: INDONESIA  
Occupation: طفلة المهنة:



الاسم: كيشا المياسه

Name: KEISHA AL MAYASSA

Passport Number: C3776014 رقم جواز السفر:  
Passport Expiry: 05/08/2024 تاريخ انتهاء الجواز:  
Serial No: 30131936000055 الرقم الممثل:  
Residency Type: عائلية نوع الرخصة:  
Employer: عبدالمنان سهيل المستقدم:  
مدير عام الإدارة العامة للجوازات  
General Director of the General  
Directorate of Passports توقيع حامل البطاقة  
Holder's signature



Nomor Induk Kependudukan : **3672054207190001**  
Personnel Registration Number

AL 6500201461



**PENCATATAN SIPIL**  
*REGISTRY OFFICE*

**WARGA NEGARA** ..... **INDONESIA**.....  
*NATIONALITY*  
**INDONESIA**  
**KUTIPAN AKTA KELAHIRAN**  
*EXCERPT OF BIRTH CERTIFICATE*

Berdasarkan Akta Kelahiran Nomor  
*By virtue of Birth Certificate Number*

**3672-LU-24072019-0001**

bahwa di CILEGON  
*that in*

pada tanggal DUA  
*on date THE SECOND OF*

**JULI**                      tahun      **DUA RIBU SEMBILAN BELAS**  
**JULY**                      *on year*      **TWO THOUSAND AND NINETEEN**

*telah lahir*  
*was born*

**KEISHA AL MAYASSA**

anak ke      **EMPAT, PEREMPUAN DARI AYAH ABDUL MANAN DAN IBU IRMA YOSA**  
*child no*      **FOURTH DAUGHTER FROM FATHER ABDUL MANAN AND MOTHER IRMA YOSA**

Kutipan ini dikeluarkan Di **KOTA CILEGON**  
*The excerpt is issued*

pada tanggal      **DUA PULUH EMPAT JULI**  
*on date*                      **THE TWENTY-FOURTH OF JULY**

Tahun                      **DUA RIBU SEMBILAN BELAS**  
*on year*                      **TWO THOUSAND AND NINETEEN**

Pejabat Pencatatan Sipil  
*Officer of Civil Registration*



**Hj. HAYATI NUFUS, SH., M.SI**  
**NIP. 19701102 200212 2 003**





بنات / Girl



16102  
16765

المفكرة الصحية للطفل  
عيادة الطفل السليم  
Child Health Notebook  
Well Baby Clinic

KEISHA AL MAYASSA SYAMRIL (16765) الإسم  
Name

3193600055

الرقم الشخصي  
ID No.

HC 05818237

الرقم الصحي  
HC No.

Tel- # 39521554

المركز الصحي  
Health Centre





جدول التحصينات  
Immunization Schedule

التوقيع والملاحظات Signature and Remarks	التاريخ Date			الحصين ضد Imm. Against
	الثالثة 3rd	الثانية 2nd	الجرعة الاولى 1st	
		25/07/2019 IN INDONESIA		الدرن BCG
		02/07/2019 IN INDONESIA		الكبد الفيروسي (ب) Hep B
		19/11/2020		PENTA الخماسي
	19/11/2020	25/07/2019 PO → INDONESIA		شلل الاطفال القموي OPV
	19/11/2020	18/9/19 - HESTY RT thigh IM		المكورات الرئوية PCV
	AROL B993 AB USAL	18/9/19 - HESTY PO - AROLC110AA		الفيروسات العجلىة ROTA virus
	P3E99IV 17/11/19 lt thigh IM	18/9/19 - HESTY lt thigh - IM P3E99IV		السداسي HEXA

PENTA (الخماسي): الكبد الفيروسي (ب) HBV, الدفتيريا، التيتانوس، السعال الديكي DTP, هيومفلس انفلونزا Hib  
HEXA (السداسي): الكبد الفيروسي (ب) HBV, الدفتيريا، التيتانوس، السعال الديكي DTaP, هيومفلس انفلونزا Hib, شلل الاطفال المعطل PV  
TETRA (الرباعي): السعال الديكي DTaP, هيومفلس انفلونزا Hib, الحصبة Measles, الحصبة الألمانية Rubella, النكاف Mumps

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جدول التحصينات  
Immunization Schedule

التوقيع والملاحظات Signature and Remarks	التاريخ Date		الحصين ضد Imm. Against
	الثانية 2nd	الجرعة الاولى 1st	
	9/3/2021 S011044	25/8/2020 RO33094	الكبد الوبائي (أ) Hep A
	9/3/2021 S030664	25/8/2020 AMJRD85AA	MMR
		25/8/2020 RO37007	الجدبيري المائي Varicella
		9/3/2021 2858X056A	الرباعي - Tetra
			المكورات الرئوية المنشطة - PCV B
			شلل الاطفال القموي - OPV B
			الثلاثي المنشطة - DTaP B
			الثنائي - Td
			تيتانوس - Tetanus
			Others

Allergy  
حساسية:

التحصينات  
Immunization







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

**البطاقة الصحية**  
**Health Card**

H.C. No. : الرقم الصحي: **HC07051182**


الإسم: **كيشا الميآسة**  
Name: **KEISHA AL MAYASSA**

تاريخ الميلاد: **2/7/2019**  
Date of Birth:

الجنسية: **اندونيسية**  
Nationality: **Indonesian**

الرقم الشخصي: **3193600055**  
ID No:

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    الأعراض المرضية الأساسية

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

BLOOD GROUP: **B+**      HEALTH CENTER: **78**

تاريخ الإصدار  
**19/2/2023**

PHC :  
Location : **70726KRN**



State Of Qatar  
Residency Permit



دولة قطر  
رخصة إقامة

ID.No: 28736000155 الرقم الشخصي:  
D.O.B.: 19/09/1987 تاريخ الميلاد:  
Expiry: 23/02/2024 الصلاحية:  
Nationality: اندونيسيا الجنسية:  
Occupation: ربة منزل المهنة:



الاسم: ايرما يوسا

Name: IRMA YOSA

Passport Number: C4060250 رقم جواز السفر:  
Passport Expiry: 26/09/2024 تاريخ انتهاء الجواز:  
Serial No: 30528736000155 الرقم المسلسل:  
Residency Type: عائلية نوع الرخصة:  
Employer: عبدالمنان سهيل المستقدم:  
مدير عام الادارة 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: 27836003042 الرقم الشخصي:  
D.O.B.: 23/01/1978 تاريخ الميلاد:  
Expiry: 16/09/2024 الصلاحية:  
الجنسية: اندونيسيا  
Nationality: INDONESIA  
Occupation: مشغل آلة المهنة:



الاسم: عبدالمنان سهرل

Name: ABDUL MANAN SYAHRIL

Passport Number: C8218661  
Passport Expiry: 07/06/2027  
Serial No: 30927836003042  
Residency Type: عمل  
Employer: شركة قطر غاز للتشغيل المحدوده  
مدير عم 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:  
المستقدم:

