

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

APPLICANT INFORMATION

Family Name (as per passport): BALANE	Gender: Male: <input type="checkbox"/> Female: <input checked="" type="checkbox"/>
First Name (as per passport): ELYSIAN JOYCE	Date of Birth (DD/MM/YYYY): 03/06/2019
Place of Birth (City/ State): DASMARIÑAS CITY, CAVITE	Country of Birth: PHILIPPINES
Passport No.: P33D6532B	Nationality: FILIPINO / PHILIPPINES
Qatar ID No.: 31960801191	HMC Medical Card No.: HC06610381
Religion: (required by MOEHE) Muslim <input type="checkbox"/> Christian <input type="checkbox"/> Other <input checked="" type="checkbox"/> ROMAN CATHOLIC	Year Group/ Class requested for admission: 2023 / AUTUMN / 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 TAGALOG / FILIPINO speaks to her child mainly in ENGLISH

Father's native language is TAGALOG / FILIPINO speaks to his child mainly in ENGLISH

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

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): FLAT C20503, STREET 70, ZONE 74 AL KHOR HOUSING COMMUNITY AL KHOR, QATAR P.O BOX 22166		
SPONSORING PARENT'S INFORMATION		
Name: (as per passport) BALANE JOSE LUIS BANGA		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.: 20137
Qatar ID No.: 28560815770	Nationality: FILIPINO / PHILIPPINES	
Mobile No.: 50293166	Home Tel. No.: 44659757	Work Tel. No.: 44734986
Work Email Address: jBalane@gatargas.com.qa Personal Email Address: jbalane08@gmail.com		Preferred contact: Work <input type="checkbox"/> Personal <input checked="" type="checkbox"/>
OTHER PARENT'S INFORMATION		
Name: (as per passport) BALANE TRICIAN JOYCE NAGUIMBING		Father <input type="checkbox"/> Mother <input checked="" type="checkbox"/>
Qatar ID No.: 28660827121	Nationality: FILIPINO / PHILIPPINES	
Mobile No.: 55356621	Home Tel. No.: 44659757	Work Tel. No.:
Email Address: jnaguimbing27@gmail.com		

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

Name: LADDR, ANN CLAUDEN	Relationship: FAMILY FRIEND	Tel No(s).: 50672403
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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 _____

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.

NONE

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.

NONE

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.

NONE

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.

NONE

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: NONE

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.

JK
(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: TRICIAN JOYCE N. BALANE

Signature: JK

Date: 23/02/2023

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).

TRICIAN JOYCE N. BALANE

Name of Parent (In BLOCK letters)




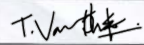
[Signature]
 Signature

23/02/2023

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:			



شركة قطر غاز
للتشغيل المحدودة
ص ب ٢٢٦٦٦
الدوحة، دولة قطر
الهاتف: +٩٧٤ ٤٤٧٣ ٦٠٠٠
فاكس: +٩٧٤ ٤٤٧٣ ٦٦٦٦
www.qatargas.com.qa



Tel. : 4452 3222
Fax : 4473 6345
Ref. : PA/20137/Q020720
Date : 19.02.2023

TO WHOM IT MAY CONCERN

This is to certify that Mr. Jose Luis Banga Balane (Staff No:20137) is an employee of Qatargas Operating Company Limited. Employee joined the Company on 29 December 2018.

We confirm that Mr. Jose Luis Banga Balane is currently residing in Company provided accommodation as follows:

Residence Address

Flat C-20503 - AKC Al-Khor Housing Community
Al-Khor
P.O. Box 22166
State of Qatar

Yours faithfully,
For **QATARGAS OPERATING COMPANY LIMITED**



Saad Rashid Al-Mohannadi
SENIOR PA OPERATIONS SUPERVISOR

State Of Qatar
Residency Permit



دولة قطر
رخصة إقامة

ID.No: 31960801191
D.O.B.: 03/06/2019
Expiry: 05/02/2026

الرقم الشخصي:
تاريخ الميلاد:
الصلاحية:
الجنسية:



Nationality: الفلبين
Occupation: PHILIPPINES
طفلة

المهنة:
الاسم: اليسيان بلاني

Name: ELYSIAN JOYCE NAGUIMBING BALANE

Passport Number: P3306532B
Passport Expiry: 22/09/2024
Serial No: 30131960801191
Residency Type: عائلية
Employer: جوس لويس باتجا بلاني
مدیر عام الإدارة العامة للجوازات
General Director of the General
Directorate of Passports

رقم جواز السفر:
تاريخ انتهاء الجواز:
الرقم الممثل:
نوع الرخصة:
المستخدم:

جوس لويس باتجا بلاني
توقيع حامل البطاقة
Holder's signature





Municipal Form No. 102 (Revised August 2016) (To be accomplished in quadruplicate using black ink)

Republic of the Philippines
OFFICE OF THE CIVIL REGISTRAR GENERAL
CERTIFICATE OF LIVE BIRTH

Province CAVITE		Registry No. 2019 - 5732		
City/Municipality CITY OF DASMARIÑAS				
CHILD	1. NAME (First) (Middle) (Last) ELYSIAN JOYCE NAGUIMBING BALANE			
	2. SEX (Male / Female) FEMALE	3. DATE OF BIRTH (Day) (Month) (Year) 03 JUNE 2019		
	4. PLACE OF BIRTH (Name of Hospital/Clinic/Institution/ House No., St., Barangay) (City/Municipality) (Province) DE LA SALLE UNIVERSITY MEDICAL CENTER, GOV. CITY OF DASMARIÑAS CAVITE			
	5a. TYPE OF BIRTH (Single, Twin, Triplet, etc.) SINGLE	5b. IF MULTIPLE BIRTH, CHILD WAS (First, Second, Third, etc.) NOT APPLICABLE	5c. BIRTH ORDER (Order of this birth to previous live births including fetal death) (First, Second, Third, etc.) FIRST	6. WEIGHT AT BIRTH 3550 grams
MOTHER	7. MAIDEN NAME (First) (Middle) (Last) TRICIAN JOYCE BAÑEZ NAGUIMBING			
	8. CITIZENSHIP FILIPINO		9. RELIGION/RELIGIOUS SECT ROMAN CATHOLIC	
	10a. Total number of children born alive 1	10b. No. of children still living including this birth 1	10c. No. of children born alive but are now dead 0	11. OCCUPATION NURSE
	12. AGE at the time of this birth (completed years) 32			
13. RESIDENCE (House No., St., Barangay) (City/Municipality) (Province) (Country) GUEVARRA EXT., BRGY. ZONE I-A, CITY OF DASMARIÑAS CAVITE PHILIPPINES				
FATHER	14. NAME (First) (Middle) (Last) JOSE LUIS BANGA BALANE			
	15. CITIZENSHIP FILIPINO		16. RELIGION/RELIGIOUS SECT ROMAN CATHOLIC	
	17. OCCUPATION MECHANICAL TECHNICIAN		18. AGE at the time of this birth (completed years) 33	
	19. RESIDENCE (House No., St., Barangay) (City/Municipality) (Province) (Country) GUEVARRA EXT., BRGY. ZONE I-A, CITY OF DASMARIÑAS CAVITE PHILIPPINES			
MARRIAGE OF PARENTS (If not married, accomplish Affidavit of Acknowledgement/Admission of Paternity at the back.)				
20a. DATE (Month) (Day) (Year) AUGUST 8, 2016		20b. PLACE (City / Municipality) (Province) (Country) CALOOCAN CITY METRO MANILA PHILIPPINES		
21a. ATTENDANT <input checked="" type="checkbox"/> 1 Physician <input type="checkbox"/> 2 Nurse <input type="checkbox"/> 3 Midwife <input type="checkbox"/> 4 Hilot (Traditional Birth Attendant) <input type="checkbox"/> 5 Others (Specify)				
21b. CERTIFICATION OF ATTENDANT AT BIRTH (Physician, Nurse, Midwife, Traditional Birth Attendant/Hilot, etc.) I hereby certify that I attended the birth of the child who was born alive at 10:41 AM am/pm on the date of birth specified above.				
Signature Name in Print CAESAR D. TONGO, MD. Title or Position OBSTETRICIAN/GYNECOLOGIST		Address DE LA SALLE UNIVERSITY MEDICAL CENTER, CITY OF DASMARIÑAS, CAVITE Date JUNE 4, 2019		
22. CERTIFICATION OF INFORMANT I hereby certify that all information supplied are true and correct to my own knowledge and belief. Signature Name in Print TRICIAN JOYCE N. BALANE Relationship to the Child MOTHER Address GUEVARRA EXT., BRGY. ZONE I-A, CITY OF DASMARIÑAS, CAVITE Date JUNE 4, 2019		23. PREPARED BY Signature Name in Print MA. RAYSYL P. PADILLO Title or Position MEDICAL RECORDS CLERK Date JUNE 4, 2019		
24. RECEIVED BY Signature Name in Print DARIL B. REYES Title or Position GCR CLERK Date JUNE 18, 2019		25. REGISTERED AT THE OFFICE OF THE CIVIL REGISTRAR Signature Name in Print VINA P. SAN GABRIEL Title or Position CITY CIVIL REGISTRAR Date JUNE 18, 2019		
REMARKS/ANNOTATIONS (For LCRO/OCRG Use Only)				
TO BE FILLED-UP AT THE OFFICE OF THE CIVIL REGISTRAR				
8 9 11 13 15 16 17 19 010822360802106010831160802106				

07151-E6-144MOO-00824-BI001

BEST POSSIBLE IMAGE



T14497056263082407312019001

BReN
02106-B19M301-8

Documentary
Stamp Tax Paid

CLAIRE DENNIS S. MAPA, Ph. D.
National Statistician and Civil Registrar General
Philippine Statistics Authority

VACCINE	DOSE	BRAND OF VACCINE	LOT #	MFR. DATE	SITE GIVEN	ROUTE	DATE GIVEN	INITIALS AND SIGNATURE OF VACCINATOR
Influenza (Flu) Vaccine	Annual Dose							
	Annual Dose							
	Annual Dose							
BCG Vaccine	Dose 1						June 3, 2015 NICH	
Hepatitis B Vaccine	Dose 1						June 3, 2015 UMC	
	Dose 2						July 17, 2015 USU	
	Dose 3							
DTaP/DTwP-Hib Combination Vaccine	Dose 1						July 17, 2010 USU	
	Dose 2						Aug. 24, 2015 USU	
	Dose 3						Sept. 25, 2015 USU	
	Booster 1	DPT + Hib + Hib	2858X050A	01/19	LD	IM	4/5/21	USU
	Booster 2							
OPV/IPV	Dose 1						July 17, 2017 USU	
	Dose 2						Aug. 24, 2015 USU	
	Dose 3						Sept. 25, 2015 USU	
	Booster 1	Privalent OPV	1450 P088			P.O.	P.O. 4/5/21	USU
	Booster 2							
PCV / PPSV*	Dose 1*						Oct. 23, 2015 IK	
	Dose 2						Nov. 27, 2015 USU	
	Dose 3						Jan. 6, 2017 USU	
	Booster 1*							
Rotavirus Vaccine	Dose 1						Aug. 24, 2015 USU	
	Dose 2						Sept. 18, 2015 USU	
	Dose 3							
Measles Vaccine	Dose 1					Jan. 06, 2015 USU		
Measles, Mumps, Rubella (MMR) Vaccines	Dose 1	Priorix	AMTRD 885AA	MSK 30-6-20	SLC LD	SLC	30/6/20	USU
	Dose 2	MMRII	T009212	MSK	LD	SLC	4/5/20	USU
Varicella Vaccine	Dose 1	Varivax	R036433	MSD	SLC RD	SLC	30/6/20	USU
	Dose 2							
Meningococcal Vaccine (Menactra)	Dose 1						July 15, 2012 USU	
	Dose 2							
Hepatitis A Vaccine	Dose 1	Varivax	R033694	MSD	DT High	IM	30/6/20	USU
	Dose 2	Varivax	T004505	MSK 08/19	RD	IM	4/5/21	USU
Typhoid Vaccine (every 3 years)	Dose 1						04/15/21 USU	
	Revaccination							
Dengue Vaccine	Dose 1							
	Dose 2							
	Dose 3							
Japanese Encephalitis Vaccine	Dose 1							
	Booster							
Tetanus, Diphtheria, Pertussis (Tdap)	Dose 1							
HPV	Dose 1							
	Dose 2							
	Dose 3							
Other Vaccines								

VACCINE	DOSE	BRAND OF VACCINE	LOT #	MFR. DATE	SITE GIVEN	ROUTE	DATE GIVEN	INITIALS AND SIGNATURE OF VACCINATOR
Influenza (Flu) Vaccine	Annual Dose							
	Annual Dose							
	Annual Dose							
BCG Vaccine	Dose 1						June 3, 2015 NICH	
Hepatitis B Vaccine	Dose 1						June 3, 2015 UMC	
	Dose 2						July 17, 2015 USU	
	Dose 3							
DTaP/DTwP-Hib Combination Vaccine	Dose 1						July 17, 2010 USU	
	Dose 2						Aug. 24, 2015 USU	
	Dose 3						Sept. 25, 2015 USU	
	Booster 1	DPT + Hib + Hib	2858X050A	01/19	LD	IM	4/5/21 USU	
	Booster 2							
OPV/IPV	Dose 1						July 17, 2017 USU	
	Dose 2						Aug. 24, 2015 USU	
	Dose 3						Sept. 25, 2015 USU	
	Booster 1	Privalent OPV	1450 P088			P.O.	P.O. 4/5/21 USU	
	Booster 2							
PCV / PPSV*	Dose 1*						Oct. 23, 2015 IK	
	Dose 2						Nov. 27, 2015 USU	
	Dose 3						Jan. 6, 2017 USU	
	Booster 1*							
Rotavirus Vaccine	Dose 1						Aug. 24, 2015 USU	
	Dose 2						Sept. 18, 2015 USU	
	Dose 3							
Measles Vaccine	Dose 1					Jan. 06, 2015 USU		
Measles, Mumps, Rubella (MMR) Vaccines	Dose 1	Priorix	AMTRD 885AA	MSK 30-6-20	SLC LD	SLC	30/6/20 USU	
	Dose 2	MMRII	T009212	MSK	LD	SLC	4/5/201 USU	
Varicella Vaccine	Dose 1	Varivax	R036933	MSD	SLC RD	SLC	30/6/2015 USU	
	Dose 2							
Meningococcal Vaccine (Menactra)	Dose 1						July 15, 2012 USU	
	Dose 2							
Hepatitis A Vaccine	Dose 1	Vagta	R033694	MSD	DT High	IM	30/6/20 USU	
	Dose 2	Vagta	T004505	MSK 08/19	RD	IM	4/5/21 USU	
Typhoid Vaccine (every 3 years)	Dose 1						04/15/21 USU	
	Revaccination							
Dengue Vaccine	Dose 1							
	Dose 2							
	Dose 3							
Japanese Encephalitis Vaccine	Dose 1							
	Booster							
Tetanus, Diphtheria, Pertussis (Tdap)	Dose 1							
HPV	Dose 1							
	Dose 2							
	Dose 3							
Other Vaccines								



مؤسسة حمد الطبية
Hamad Medical Corporation

صحة • تعليم • بحوث
HEALTH • EDUCATION • RESEARCH

H.C. No. : الرقم الصحي: **البطاقة الصحية**
HC06610381 **Health Card**

الإسم: **اليسيان بلاني**
Name: **ELYSIAN JOYCE NAGUIMBING BALANE**
Date of Birth: **3/6/2019** تاريخ الميلاد:
Nationality: **Filipino** الجنسية: **فلبينية**
ID No: **31960801191** 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
- EPILEPSY
- HYPERTENSION
- DIABETES MELLITUS
- COAGULATION DISORDER
- RENAL FAILURE
- ASTHMA & COPD
- DRUGS ALLERGY
- IMMUNOSUPPRESSED

BLOOD GROUP: **A+**

HEALTH CENT **75**

تاريخ الإصدار
8/2/2021

PHC :
Location : **60443KRN**

State Of Qatar
Residency Permit



دولة قطر
رخصة إقامة

ID.No: 28560815770

الرقم الشخصي:

D.O.B.: 01/11/1985

تاريخ الميلاد:

Expiry: 29/12/2023

الصلاحية:

الجنسية:

Nationality: PHILIPPINES

Occupation: فني تعدين

المهنة:

الاسم: جوس لويس بانجا بلاني



Name: JOSE LUIS BANGA BALANE

Passport Number:

P5552039A

رقم جواز السفر:

Passport Expiry:

07/01/2028

تاريخ انتهاء الجواز:

Serial No:

30528560815770

الرقم التسلسلي:

Residency Type:

عمل

نوع الرخصة:

Employer:

شركة قطر غاز لتشغيل المحفود

المستخدم:

مدير عام ادارة 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: 28660827121 الرقم الشخصي:
D.O.B.: 02/08/1986 تاريخ الميلاد:
Expiry: 05/02/2026 الصلاحية:
القائمين: الجنسية:
Nationality: PHILIPPINES
Occupation: ربة منزل المهنة:
الاسم: ترسيان بلاني

Name: TRICIAN JOYCE NAGUIMBING BALANE



Passport Number: P3327510B رقم جواز السفر:
Passport Expiry: 23/09/2029 تاريخ انتهاء الجواز:
Serial No: 30128660827121 الرقم الممثل:
Residency Type: عائلية نوع الرخصة:
Employer: جوس لويس باتجا بلاني المستقدم:
مدير عام الإدارة العامة للجوازات
General Director of the General
Directorate of Passports توقيع حامل البطاقة
Holder's signature

30128660827121



