

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): Attia	Gender: Male: <input checked="" type="checkbox"/> Female: <input type="checkbox"/>
First Name (as per passport): Abdalla	Date of Birth (DD/MM/YYYY): 11/01/2005
Place of Birth (City/ State): Alexandria	Country of Birth: Egypt
Passport No.: A28443530	Nationality: Egyptian
Qatar ID No.: 30581802151	HMC Medical Card No.: HC01905093
Religion: (required by MOEHE) Muslim <input checked="" type="checkbox"/> Christian <input type="checkbox"/> Other <input type="checkbox"/>	Year Group/ Class requested for admission: 2022

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

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

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

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

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

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

DETAILS OF LAST SCHOOL (if applicable)

School Name: Al Khor International School	Year: 12
School Address: Al Khor Community	
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): Al Khor Community (AKC) C-230-12		
SPONSORING PARENT'S INFORMATION		
Name: (as per passport) Fathy Mohamed Sayed Ali		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.: 4136
Qatar ID No.: 27681805566	Nationality: Egyptian	
Mobile No.: 66739056	Home Tel. No.: 44760923	Work Tel. No.:
Work Email Address: fsayedali@qatargas.com.qa Personal Email Address: alialiali4136@gmail.com		Preferred contact: Work <input type="checkbox"/> Personal <input checked="" type="checkbox"/>
OTHER PARENT'S INFORMATION		
Name: (as per passport) Amira Mahmoud Ibrahim Elsayed		Father <input type="checkbox"/> Mother <input checked="" type="checkbox"/>
Qatar ID No.: 28281805934	Nationality: Egyptian	
Mobile No.: 66339785	Home Tel. No.: 44760923	Work Tel. No.:
Email Address: abdabdabd4136@gmail.com		

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

Name: Amr Ali	Relationship: Other family member	Tel No(s).: 33310376
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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 4

IF YES, PLEASE PROVIDE DETAILS BELOW:

Name	Year	House
Menat	10	C-230-12
Rokia	7	C-230-12
Habiba	5	C-230-12
Mohamed	Foundation Stage	C-230-12

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. **Below from page 6 to 10**

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.

No

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.

No

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: _____

No

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: Fathy Ali

Signature: 

Date: 1/8/2023

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).

FATHY MOHAMED SAYED ALI

Name of Parent (In BLOCK letters)



Signature

1/8/2023

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 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:			

**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/4136/Q015268
Date : 05.01.2023

TO WHOM IT MAY CONCERN

This is to certify that Mr. Fathy Mohamed Sayed Ali (Staff No:4136) is an employee of Qatargas Operating Company Limited. Employee joined the Company on 31 March 2009.

We confirm that Mr. Fathy Mohamed Sayed Ali is currently residing with family in Company provided accommodation as follows:

Residence Address

Flat C-23012 - AKC Al-Khor Housing Community
Al-Khor
P.O. Box 22166
State of Qatar

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

Munera Al-Kubaisi
SENIOR PA OPERATIONS SUPERVISOR



AGE	VACCINE (dose)	GIVEN ON	SIGNATURE
Birth	BCG Hep B Vac	-	AM DIVE 725 AC - 23/11/20
2 Months (1 st Dose)	DPT + Hib OPV Hep B Vac Pneumococcal		
4 Months (2 nd Dose)	DPT + Hib OPV Hep B Vac Pneumococcal		
6 Months (3 rd Dose)	DPT + Hib OPV Hep B Vac Pneumococcal		
12 Months	MMR 1 Chickenpox (Varicella)		
18 Months (1 st Dose)	DT + Hib OPV Pneumococcal		
4-6 Years (1 st Booster)	DTaP - C 3/1/2 A/B OPV - A B/P/B 5/7/1 A/B MMR 2 - M/J/R/C 10/2 A/B		23/11/20 Nadine child call doctor
11-12 Years	Tdap (Ac 3TbDpH) Tetanus OPV		Uthman 1st - 28/Jan/18 Julie



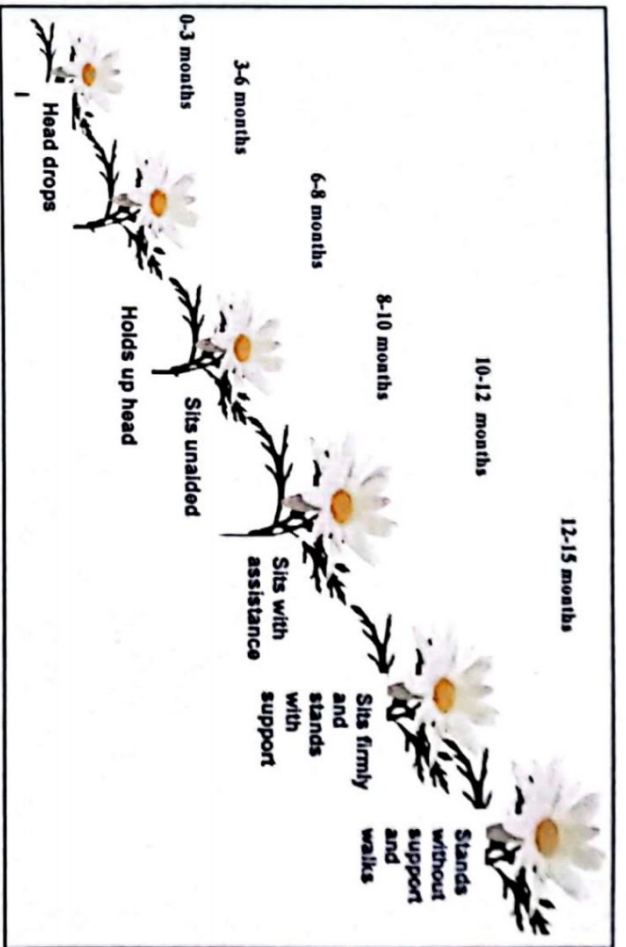
"Common adverse effect"
 ● Pain ● Redness and Swelling at injection site
 ● Fever

"Treatment"
 ● Give paracetamol every 6 to 8 hours as needed
 ● Put warm compress on injection site
 ● If worried about child call doctor

Before the immunization tell your doctor if your child:

- Has ever had fits or convulsions
- Had a bad reaction to the last dose
- Is unwell in anyway

Current Immunization Schedule in State of Qatar 2005



Breast Feeding:

- Breast milk contains a balance of nutrients
- Breast milk is easy for baby to digest
- Breast milk contains antibodies that protect your baby
- Breast milk actually changes to keep up with baby.
- Breast - feeding creates mother child bonding.

Weaning is the introduction of solid food... How to Start ?

The best way to decide how and what food to give is to follow baby's development.

- Stage 1 - First taste - smooth foods around 6 - 7 months
 - Stage 2 - Learn to chew - soft lumps 8 - 9 months
 - Stage 3 - Self feeding - finger food, lumps 9 - 12 months
 - Stage 4 - Family diet with modifications after 12 months.
- ✗ Avoid giving raw vegetables, raisins, hotdogs or meat chunks, nuts or hard candies before 2 years.
- ✗ No cow's milk for the 1st year.

Name: SN: 4136
 Name: Abdalla Ali
 Date of Birth: 11/11/2005
 Gender: Male
 Nationality: Egyptian
 QID: 30581802151
 HC No: HC01905093

Covid-19 Vaccine
 3rd Dose: 29 JUN 2022
 Manufacturer: Pfizer
 Lot #: FW3563
 Expiry Date: 09-2022

المركز الطبي - النجدي
 Al Khor Community Medical Center
 44735 771
 44735 705
 PO Box: 22165

الجرعة الأولى من لقاح كورونا (كوفيد-19) 1 st Dose COVID-19 Vaccine	تاريخ التطعيم Vaccination Date	اسم المنتج Product Name	المصنع Manufacture	رقم الدفعة Lot Number	تاريخ انتهاء الصلاحية Expiry Date	التوقيع وطابع المركز الطبي Signature & Official Stamp of the Vaccination Center
الجرعة الثانية من لقاح كورونا (كوفيد-19) 2 nd Dose COVID-19 Vaccine	13 SEP 2021	Covid -19 Vaccine	Pfizer BionTech	FG2943	11/2021	44735 771 44735 705 PO Box: 22165
	10 OCT 2021	Covid-19 vaccine	Pfizer BionTech	FF8845	12/2021	44735 771 44735 705 PO Box: 22165



بطاقة تطعيم ضد فيروس كورونا (كوفيد-19)
COVID-19 VACCINATION CARD

للمزيد من المعلومات حول مرض فيروس كورونا
(كوفيد-19) يرجى زيارة موقع وزارة الصحة العامة
www.moph.gov.qa
أو الاتصال بالرقم 16000

For More Information on Coronavirus
Disease 2019 (COVID-19) Visit
www.moph.gov.qa
Or Call 16000

للتبليغ عن الآثار الجانبية للقاح
المضاد لفيروس كورونا كوفيد-19
Reporting COVID-19 vaccine
side effects



شهادة تطعيم ضد فيروس
كورونا كوفيد-19
COVID-19 Vaccination Certificate
متاح بعد 7 أيام من الجرعة الثانية
Available 7 days after your second dose





مؤسسة الرعاية الصحية الأولية
PRIMARY HEALTH CARE CORPORATION



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



شهادة تطعيم ضد فيروس كورونا كوفيد-19 COVID-19 Vaccination Certificate

Name: ABDULLAH FATHY ALI الإسم:
Date of Birth (DD-MM-YYYY): 11-01-2005 تاريخ الميلاد (DD-MM-YYYY):

تلقى المذكور أعلاه جرعات اللقاح التالية لمرض المستهدف - كوفيد-19

The above mentioned has received the following vaccine doses for: Disease Targeted - Covid-19

الجرعة Dose	محتوى اللقاح Vaccine	اسم اللقاح Vaccine Product	الشركة المصنعة Manufacturer	رقم الجرعة Lot #	تاريخ اللقاح Date of Vaccination (DD-MM-YYYY)	بلد التطعيم، Country of Vaccination
1 of 2	SARS CoV-2 mRNA Vaccine	Pfizer BioNTech / Comirnaty	BioNTech Manufacturing GmbH	FG2943	13-09-2021	Qatar
2 of 2	SARS CoV-2 mRNA Vaccine	Pfizer BioNTech / Comirnaty	BioNTech Manufacturing GmbH	FG2943	10-10-2021	Qatar
3	SARS CoV-2 mRNA Vaccine	Pfizer BioNTech / Comirnaty	BioNTech Manufacturing GmbH	FW3563	29-06-2022	Qatar

Dr. Hamad Eid Al-Romaihi
Manager of Health Protection and Communicable
Diseases
Public Health Department
P.O. Box - 42, Doha - Qatar

الدكتور حمد عبد الرمحي
مدير حماية الصحة ومكافحة الأمراض
الانتقالية
إدارة الصحة العامة
ص.ب. ٤٢ - الدوحة، قطر



حماية الصحة ومكافحة الأمراض الانتقالية
Health Protection & Communicable Diseases
001

هذه الشهادة هي وثيقة رسمية موقعة رقميًا وصادرة عن وزارة الصحة العامة - الدوحة، قطر.
This certificate is an official document that is digitally signed and issued by the
Ministry of Public Health, Doha, Qatar.

State Of Qatar

Residency Permit



دولة قطر رخصة إقامة

ID.No: 30581802151

الرقم الشخصي:

D.O.B.: 11/01/2005

تاريخ الميلاد:

Expiry: 18/10/2023

الصلاحية:

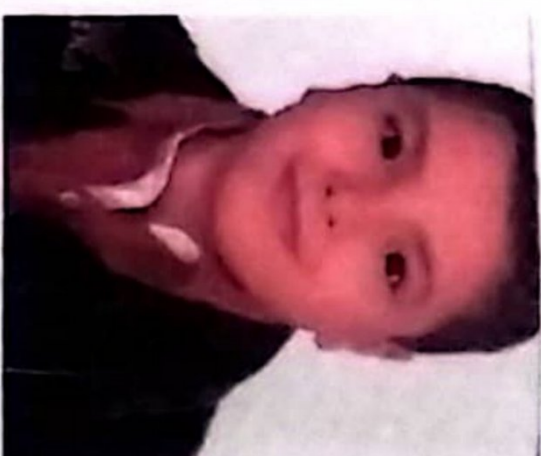
مصري

الجنسية:

Nationality: EGYPT

Occupation:

المهنة:



الاسم: عبدالله فتحى محمد سيد على

Name: ABDULLAH FATHY ALI

Passport Number:

A28443530

رقم جواز السفر:

Passport Expiry:

20/06/2024

تاريخ انتهاء الجواز:

Serial No:

30330581802151

الرقم المسلسل:

Residency Type:

عائلية

نوع الرخصة:

Employer:

فتحي محمد سيد على

المستقدم:

مدير عام الإدارة العامة للجوازات

توقيع حامل البطاقة

General Director of the General
Directorate of Passports

Holder's signature





الجمهورية العربية السورية
 SYRIAN ARAB REPUBLIC
 HEALTH CARD

H. C. No. :
HCO1905093

الاسم: **عبدالله فathy محمد علي**
 Name: **ABDULLAH FATHY ALI**
 تاريخ الميلاد: **11/1/2005**
 D.O.B. **11/1/2005**
 الجنسية: **مصري**
 Nationality **Egyptian**
 الرقم الشخصي: **30581802151**
 I.D. No. : **30581802151**

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



الأعراض المرضية الأساسية
IMPORTANT MEDICAL DATA

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

BLOOD GROUP : **O+** HEALTH CENTER **75**

تاريخ الإصدار
28/2/2010

PHC : **0422505C**
Location : **31822KRN**

State Of Qatar Residency Permit



دولة قطر
رخصة إقامة

ID.No: 27681805566

الرقم الشخصي:

D.O.B.: 08/05/1976

تاريخ الميلاد:

Expiry: 30/03/2023

الصلاحية:

مصري

الجنسية:

Nationality: EGYPT

Occupation: فني

المهنة:



الاسم: فتحي محمد سيد على

Name: FATHY ALI

Passport Number:

A28436974

رقم جواز السفر:

Passport Expiry:

18/06/2028

تاريخ انتهاء الجواز:

Serial No:

30827681805566

الرقم المسلسل:

Residency Type:

عمل

نوع الرخصة:

Employer:

شركة قطر غاز للتشغيل المحدودة

المستفيد:

مدير علم الإدارة العامة للجوازات

توقيع حامل البطاقة

General Director of the General
Directorate of Passports

Holder's signature



State Of Qatar

Residency Permit



دولة قطر
رخصة إقامة

ID.No: 28281805934

الرقم الشخصي:

D.O.B.: 20/07/1982

تاريخ الميلاد:

Expiry: 18/10/2025

الصلاحية:

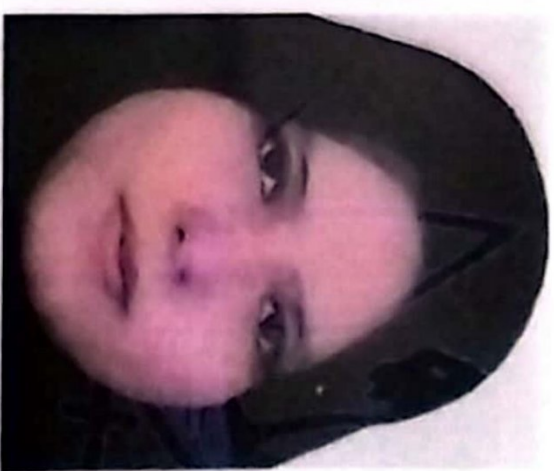
مصرية

الجنسية:

Nationality: EGYPT

Occupation: ربة منزل

المهنة:



الاسم: اميرة محمود ابراهيم السيد

Name: AMIRA ELSAYED

Passport Number:

A28434426

رقم جواز السفر:

Passport Expiry:

21/06/2028

تاريخ انتهاء الجواز:

Serial No:

30628281805934

الرقم المسلسل:

Residency Type:

عائلية

نوع الرخصة:

Employer:

فتحي محمد سيد على

المستقدم:

مدير علم الإدارة العامة للجوازات

توقيع حامل البطاقة

General Director of the General

Holder's signature

Directorate of Passports

أسيحة محمود الراعي

