



## 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 checked="" type="checkbox"/> Female: <input type="checkbox"/>
First Name (as per passport): <b>FAKHRY DAFFA AL KHALIFAH</b>	Date of Birth (DD/MM/YYYY): <b>01/06/2009</b>
Place of Birth (City/ State): <b>CILEGON</b>	Country of Birth: <b>INDONESIA</b>
Passport No.: <b>C4060252</b>	Nationality: <b>INDONESIA</b>
Qatar ID No.: <b>30936000321</b>	HMC Medical Card No.: <b>HC03848494</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>09</b>

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

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

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

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

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

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

### DETAILS OF LAST SCHOOL (if applicable)

School Name: <b>BOSOWA AL-AZHAR SCHOOL</b>	Year: <b>2022/2023</b>
School Address: <b>CILEGON, BANTEN, INDONESIA</b>	
Syllabus followed in the school: British <input type="checkbox"/> American <input type="checkbox"/> IB <input type="checkbox"/> Other <input checked="" type="checkbox"/> (please specify): <u>INDONESIA</u>	



## FAMILY INFORMATION

Home Address (in Qatar):  
**AL KHOR COMMUNITY, C-16102, AL KHOR**

### SPONSORING PARENT'S INFORMATION

Name: (as per passport) <b>ABDUL MANAN SYAHRIL</b>		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.: <b>Q016765</b>
Qatar ID No.: <b>27836003042</b>	Nationality: <b>INDONESIA</b>	
Mobile No.: <b>33521554</b>	Home Tel. No.: <b>44510257</b>	Work Tel. No.: <b>44746404</b>
Work Email Address: <b>ASyahil@qatargas.com.qa</b> Personal Email Address: <b>doel.manan@gmail.com</b>		Preferred contact: Work <input type="checkbox"/> Personal <input checked="" type="checkbox"/>

### OTHER PARENT'S INFORMATION

Name: (as per passport) <b>IRMA YOSA</b>		Father <input type="checkbox"/> Mother <input checked="" type="checkbox"/>
Qatar ID No.: <b>28736000155</b>	Nationality: <b>INDONESIA</b>	
Mobile No.: <b>55107704</b>	Home Tel. No.: <b>44510257</b>	Work Tel. No.: <b>-</b>
Email Address: <b>yosa.irma@gmail.com</b>		

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

Name: <b>DODI ERLINDO</b>	Relationship: <b>FRIEND</b>	Tel No(s): <b>55211635</b>
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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 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)

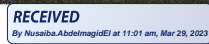


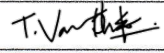
Signature

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: 30936000321 الرقم الشخصي:  
D.O.B.: 01/06/2009 تاريخ الميلاد:  
Expiry: 24/02/2024 الصلاحية:  
اندونيسيا الجنسية:  
Nationality: INDONESIA  
Occupation: طالب المهنة:



الاسم: فخرى الخليفة

Name: FAKHRY DAFFA AL KHALIFAH

Passport Number: C4060252 رقم جواز السفر:  
Passport Expiry: 26/09/2024 تاريخ انتهاء الجواز:  
Serial No: 30230936000321 الرقم المسلسل:  
Residency Type: عائلية نوع الرخصة:  
Employer: عبدالمنان سهرل المستقدم:  
مدير عام الإدارة العامة للجوازات  
General Director of the General  
Directorate of Passports توقيع حامل البطاقة  
Holder's signature





Nomor Induk Kependudukan :  
*Personnel Registration Number*

No.AL 6500031347



**PENCATATAN SIPIL**  
*REGISTRY OFFICE*

**WARGA NEGARA INDONESIA**  
*NATIONALITY*

**KUTIPAN AKTA KELAHIRAN**  
*EXCERPT OF BIRTH CERTIFICATE*

Berdasarkan Akta Kelahiran Nomor **3672.AL.U.2009.002226**  
*By virtue of Birth Certificate Number*

menurut stbld  
*in accordance with state gazette*

bahwa di **Cilegon** pada tanggal **Satu Juni**  
*that in on date Oneith of June*

tahun **Dua Ribu Sembilan** telah lahir  
*on year Two Thousand and Nine was born*

**FAKHRY DAFFA AL KHALIFAH**

anak ke **Dua, Laki-Laki dari** **ABDUL MANAN dan IRMA YOSA**  
*child no Second, Male from*

Kutipan ini dikeluarkan **di Kota Cilegon**  
*The excerpt is issued*

pada tanggal **Tujuh Belas Juli**  
*on date Seventeenth of July*

**Dua Ribu Sembilan**  
*Two Thousand and Nine*

Kepala **DINAS KEPENDUDUKAN DAN**  
*Head of Population Affair Service*

**CATATAN SIPIL KOTA CILEGON**  
*Of Cilegon Municipality*



**Hj. BEATRIE NOVIANA, SH, M.Si**  
**Pembina Tk.I**  
**NIP. 19611130.198603.2.007**



# FAKHRY DAFFA AL KHALIFAH



AL KHOR COMMUNITY  
MEDICAL CENTRE



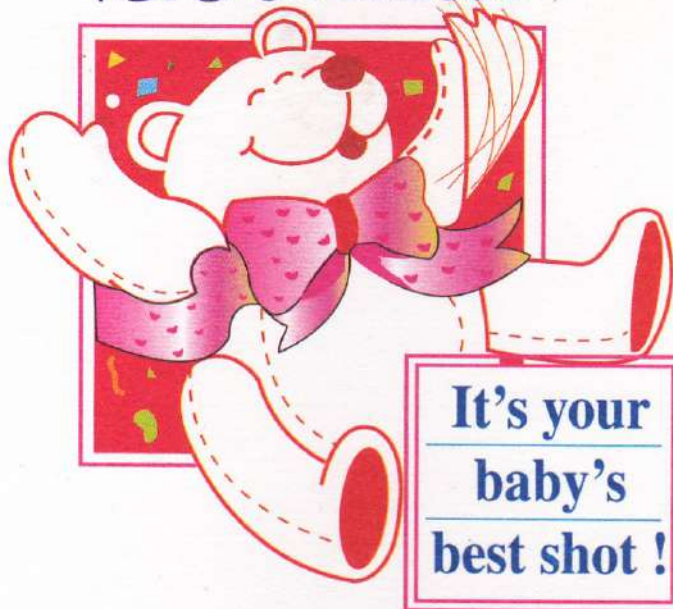
مجمع الخور  
المركز الطبي



## Baby's Health File



### Vaccinate



Staff No.:

3463 Q

Name :

Fakhry

DOB :

1/6/09

Blood Group:

B<sup>+</sup>



AGE	VACCINE (dose)	GIVEN ON	SIGNATURE
Birth	BCG	24/06/09	
	Hep B Vac	03/06/09	
2 Months (1 <sup>st</sup> dose) D 84937	DPT + HIB	18/08/09	
	OPV, ROTA	18/08/09	
	Hep B Vac	18/08/09	
	Pneumococcal (2) →	20/6/10	Nadia
4 Months (2 <sup>nd</sup> dose)	DPT + HIB	} 03/11/09	
	OPV, ROTA		
	Hep B Vac		
	Pneumococcal (3) D84937 (R) — 08/09/10 cap		
6 Months (3 <sup>rd</sup> dose)	DPT + HIB	} 16/12/09	
	OPV		AKCMC
	Hep B Vac		Hesty.
	Pneumococcal (4)		
12 Months	MMR 1 Amj 156802A <del>Chickenpox (varicella)</del>	20/10/10	Nadia had chickenpox
18 Months (1 <sup>st</sup> booster)	DPT + HIB	12/12/10	Nadia
	OPV		
	Pneumococcal		
4-6 years (2 <sup>nd</sup> booster)	DT		
	OPV		
	MMR 2 Varicella	If not given at 1 year old	
11-12 years	Tetanus/DT		
	OPV		



**"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 2009**



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

**البطاقة الصحية**  
**Health Card**

H.C. No. : **HC03848494** الرقم الصحي:


الإسم: **فخرى دافا الخلفاء**  
Name: **FAKHRI DAFFA ALKHALFAH**

تاريخ الميلاد: **1/6/2009**  
Date of Birth:

الجنسية: **اندونيسي**  
Nationality: **Indonesian**

الرقم الشخصي: **30936000321**  
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: **75**

تاريخ الإصدار: **11/6/2015** PHC : **3771516U**  
Location : **924795FDN**





# BOSOWA AL-AZHAR SCHOOL

Jalan Boulevard Blok B No.5 Sukmajaya Kecamatan Jombang, Kedaleman, Kec. Cibeber,  
Kota Cilegon, Banten 42416

School's Name : Bosowa Al-Azhar School  
Student's Name : Fakhry Daffa Al Khalifah  
Registration Number : 202210007  
National Student ID : 3091594137

Grade/ Semester : VIII/I  
Academic Year : 2022/2023  
Date of Birth : June 01, 2009

## SEMESTER REPORT

### A. COMPETENCY ACHIEVEMENT

SUBJECT	PASSING GRADE	COGNITIVE & PSYCHOMOTOR		AFFECTIVE	
		Score	Mark	In Subject	Among Subject
<b>Group A</b>					
1.	Religion	75.00	88.00	A	Very Good
2.	Civics	75.00	86.00	A	Very Good
3.	Bahasa Indonesia	75.00	82.00	B	Good
4.	Mathematics	75.00	82.00	B	Good
5.	Natural Science	75.00	89.00	A	Very Good
6.	Social Science	75.00	88.00	A	Very Good
7.	English	75.00	89.00	A	Very Good
<b>Group B</b>					
1.	Art	75.00	84.00	B	Good
2.	Physical Education	75.00	88.00	A	Very Good
3.	Informative	75.00	86.00	A	Very Good
4.	Arabic	75.00	90.00	A	Very Good
12	Local Language (Nalek)	75.00	85.00	B	Good

Daffa is a calm and kind student. He shows respect for peers and teachers. He also works well in groups, planning and carrying out activities. Daffa is becoming more independent when completing class assignments. He is progressing nicely and shows consistent improvement in many areas such as class presentation, discussion. Daffa has good listening and speaking skills. His writing is clear and follows grammar and punctuation rules. I would advise him to need frequent reminders to stay focused throughout the day and should be more confident while having discussion. Well done Daffa, you did it well this term!





# BOSOWA AL-AZHAR SCHOOL

Jalan Boulevard Blok B No.5 Sukmajaya Kecamatan Jombang, Kedaleman, Kec. Cibeber,  
Kota Cilegon, Banten 42416

## B. NON -ACADEMIC ASPECT

### 1. ATTENDANCE

No.	CATEGORY	AMOUNT	NOTE
1.	Sick	4 days	
2.	Permit	2 days	
3.	Unknown Reason	1 day	

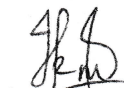
### 2. EXTRACURRICULAR ACTIVITY

No.	CATEGORY	SCORE	NOTE
1.	Scout	A	Active
2.	PMR	B	Active
3.	Badminton	A	Active

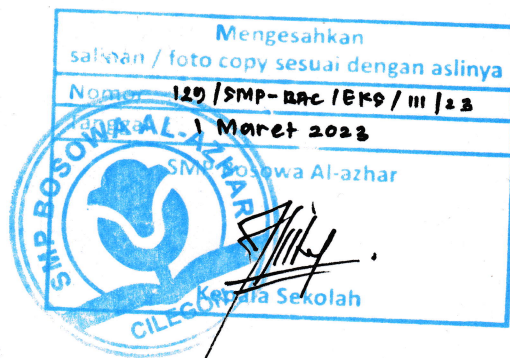
### 3. ACHIEVEMENT

No.	CATEGORY	DATE	LEVEL	RESULT
1.				
2.				

Acknowledged by,


  
Irma Rosa

Parents/Guardians




Cilegon, December 16, 2022

Reported by,

  
Febri Lavanti, S.Pd.  
Academic Counselor

Acknowledged by,

  
Muhidavat, S.Pd.



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:









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 الإدارة العامة للجوازات  
General Director of the General  
Directorate of Passports توقيع حامل البطاقة  
Holder's signature

