

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"/>

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): FAISAL	Gender: Male: <input type="checkbox"/> Female: <input checked="" type="checkbox"/>
First Name (as per passport): JANNAT	Date of Birth (DD/MM/YYYY): 23-03-2017
Place of Birth (City/ State): DOHA	Country of Birth: QATAR
Passport No.: FN8916712	Nationality: PAKISTANI
Qatar ID No.: 31758600314	HMC Medical Card No.: HC04858333
Religion: (required by MOEHE) Muslim <input checked="" type="checkbox"/> Christian <input type="checkbox"/> Other <input type="checkbox"/>	Year Group/ Class requested for admission: GRADE - 1

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 URDU speaks to her child mainly in ENGLISH

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

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

DETAILS OF LAST SCHOOL (if applicable)

School Name: Newton International School	Year: 2022-2023
School Address: NIS Lagoon Branch	
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): ZONE 74, Street: 890, Property: 44 Alkhor - Qatar		
SPONSORING PARENT'S INFORMATION		
Name: (as per passport) FAISAL IDREES		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.: 16395
Qatar ID No.: 27858604114	Nationality: PAKISTANI	
Mobile No.: 55756202	Home Tel. No.:	Work Tel. No.: 44732619
Work Email Address: FIdrees@qatargas.com.qa	Preferred contact: Work <input type="checkbox"/> Personal <input checked="" type="checkbox"/>	
Personal Email Address: id.fais78@gmail.com		
OTHER PARENT'S INFORMATION		
Name: (as per passport) MEHWISH FAISAL		Father <input type="checkbox"/> Mother <input checked="" type="checkbox"/>
Qatar ID No.: 28958603202	Nationality: PAKISTANI	
Mobile No.: 77856029	Home Tel. No.: 40373004	Work Tel. No.:
Email Address: mehwishfaisal19@gmail.com		

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

Name: Adeel Raza Jafri	Relationship: Father's Friend	Tel No(s).: 50357811
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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.

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: Late speaking

CONSENT DECLARATIONS

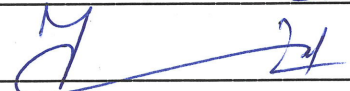
In the event that your child requires emergency treatment you will be contacted and asked to collect your child from the school. If the school is unable to contact you, your child will be taken to Al Khor Community Medical Centre (for eligible students)/ Hamad General Hospital for diagnosis and treatment. 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: FAISAL IDREES

Signature: 

Date: 21/3/2023

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).

FAISAL IDREES

Name of Parent (In BLOCK letters)

[Signature]

Signature

21/3/2023

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:	RECEIVED By Nusaiba.AbdelmagidEJ at 12:13 pm, Apr 18, 2023	<u>[Signature]</u>	
Reviewed by:	REVIEWED By Vasantha Thennavan at 8:25 am, May 17, 2023	<u>T. Vasantha</u>	
Validated by Lead Registrar:			



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



Tel : 4452 3434
Fax : 4473 6345
Ref. : PA/16395/mb
Date : 12 March 2023

Al Khor International School (AKIS)
British Stream, P.O. Box 22166
Al Khor Qatar

AKIS British Stream Enrollment

This is to confirm that the Company approves that Mr. Faisal Idrees (Staff No. 16395) child, Jannat Faisal (Date of Birth: 23 March 2017) can attend the Al Khor International School British stream) from term 1 of the academic year 2023 – 2024.

Please make necessary arrangements for her enrollment at your school.

FOR QATARGAS OPERATING COMPANY LIMITED

Abdul Rahman Abdul Khader Al-Saiari

Abdulrahman Al-Saiari
A/ HEAD OF PERSONNEL ADMINISTRATION



State Of Qatar
Residency Permit

دولة قطر
رخصة إقامة


State of Qatar

ID.No: 31758600314 الرقم الشخصي:
D.O.B.: 23/03/2017 تاريخ الميلاد:
Expiry: 18/05/2024 الصلاحية:
Nationality: PAKISTAN الجنسية:
Occupation: طفلة المهنة:

باكستان
PAKISTAN
طفلة
المهنة:

الاسم: جنت فيصل

Name: JANNAT FAISAL



Passport Number: FN8916712 رقم جواز السفر:
Passport Expiry: 06/02/2027 تاريخ انتهاء الجواز:
Serial No: 30431758600314 الرقم المسلسل:
Residency Type: عائلية نوع الرخصة:
Employer: فيصل ادريس محمد ادريس المستقدم:
مدير عام الإدارة العامة للجوازات
General Director of the General
Directorate of Passports توقيع حامل البطاقة
Holder's signature

توقيع حامل البطاقة
Holder's signature



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جدول التطعيمات المعتمد وفقا للجدول الصادر في عام ٢٠١٦ بدولة قطر

عدد التوليد	التنميط
شهرين	التنميط + الحصوات الروتية الثلاثية + الحصوات الخماسية الثلاثية
٤ أشهر	التنميط + ٢ شات الأطفال العمومي الأول + المطبوقة الروتية الثلاثية + الحصوات الخماسية الثلاثية
٦ أشهر	التنميط + شات الأطفال العمومي الثاني + الحصوات الروتية الثلاثية
٩ أشهر	التحصنة و الحصنة الخماسية والثلاثية الثلاثية + الجدوى العمومي الأول + شات المراهق (٩) الثاني
١٥ شهرا	التنميط + الحصوات الروتية الخماسية الثلاثية
١٨ شهرا	شات الأطفال العمومي الحزبة المنشطة الأول + الحصنة و الحصنة الخماسية والثلاثية الثانية
١-٤ سنوات	شات الأطفال العمومي الحزبة المنشطة الثانية + الثلاثي المنشطة + الجدوى العمومي الثاني
٣-٤ سنوات	الأطفال من سن أقل من ٤ سنوات (الصف الثاني) يتابعون خطة الحصنة الخماسية والثلاثية و يعطون تطعيم الحصنة والحزبة الخماسية والثلاثية و شات المراهق الثاني و شات المراهق و شات المراهق و شات المراهق
١١-١٣ سنة	التنميط و التطعيم و شات المراهق الثاني

شهادة ميلاد

BIRTH CERTIFICATE

STATE OF QATAR دولة قطر
Ministry of Public Health وزارة الصحة العامة

No. 931065305/1 الرقم في:
Date: 27/03/2017 التاريخ
Amount: 100 QAR السعر

نصادق على صحة الختم والتوقيع لـ
وزارة الصحة العامة
دون أدنى مسؤولية عن المحتويات

01089779

IMMUNIZATION SCHEDULE IN THE STATE OF QATAR 2016

At Birth	BCG + Hep B
2 Months	Hexa 1 + PCV 1 + Rota 1
4 Months	Hexa 2 + OPV 1 + PCV 2 + Rota 2
6 Months	Penta + OPV 2 + PCV 3
12 Months	MMR 1 + Varicella 1 + Hep A 1
15 Months	Tetra + PCV B
18 Months	OPV 1B + MMR 2 + Hep A2
4-6 Years	OPV 2B + DTaP + Varicella 2
11-13 Years	7th grade; Check rubella status, give MMR vaccine to those girls who do not have documentation of rubella vaccine.
13-16 Years	Tdap

شهادة ميلاد / Birth Certificate

Baby Name	JANNAT FAISAL	اسم المولود
Gender	Female	الجنس
Date of Birth	23/03/2017 (24/06/1438)	تاريخ الميلاد
Date of Birth in Words	TWENTYTHIRD OF MARCH TWO THOUSAND SEVENTEEN	تاريخ الميلاد بالحروف
Place of Birth	AL AHLI HOSPITAL, DOHA	محل الميلاد
Father's Name	FAISAL IDREES	اسم الأب
Religion	MUSLIM	ديانة الأب
Nationality of Father	PAKISTAN	جنسية الأب
Mother's Name	MEHWISH FAISAL	اسم الأم
Religion	MUSLIM	ديانة الأم
Nationality of Mother	PAKISTAN	جنسية الأم
Registration Number	006338/2017	رقم التسجيل
Registration Date	26/03/2017 11.21 AM	تاريخ التسجيل



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

أشهد أن ماورد أعلاه هو نقل صحيح من سجل مواليد إدارة الصحة العامة بدولة قطر

Registerer
nathiji

Director of the Public Health

الدكتور / محمد بن حمد آل ثاني
Dr. Mohammed H AL Thani

مدير إدارة الصحة العامة

مسئول التسجيل





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

H.C. No. : **HC04858333**

الرقم الصحي: **البطاقة الصحية
Health Card**

الإسم: **جنت فيصل**

Name: **JANNAT FAISAL**

تاريخ الميلاد: **23/3/2017**

Date of Birth: **23/3/2017**


الجنسية: **باكستانية**

Nationality: **Pakistani**

الرقم الشخصي: **31758600314**

ID No: **31758600314**

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



الأعراض المرضية الأساسية **IMPORTANT MEDICAL DATA**


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

BLOOD GROUP:

HEALTH CENTE**74**

تاريخ الإصدار
18/7/2017

PHC :
Location : **1264116FDN**



State of Qatar
 Primary Health Care Corporation
 Vaccination Section CDC

دولة قطر
 مؤسسة الرعاية الصحية الأولية
 قسم التطعيمات

H.C Name: Al Daayan

بطاقة تحصين الطفل
Child Immunization Card

Name: _____
 Birth Reg. No: _____
 Health Care No: _____
 Date of Birth: _____
 Sex: _____
 Nationality: _____
 Address: _____
 Phone No: 55756202
 Blood Group: _____

IC NUMBER: 102480000
 NAME: JANEY FADAL
 NATIONALITY: Palestinian
 DOB: 23/03/1917
 GENDER: Female
 IC Expiry: 18/07/2019

Al Daayan Health Center
 Head Nurse

Growth Record سجل النمو

ملاحظات Remarks	الوزن HB %	الطول H.C.	الوزن WT.	الطول HT	العمر Age	التاريخ Date
26.0	46.5	13.0	74.5	21 mos	1-1-19	
36.60%	47.0	13.0	74.5	21 mos	21-1-19	
29.10-20%	48cm	95.5cm	16.4kg	4 years old		

سجل التطعيمات المعمول بها للتسجيل الخاص في عام 2019

التاريخ	التطعيم
2mo	BCG
4mo	MM2
4mo	PCV2
4mo	OPV
12mo	MM2
18mo	PCV4
18mo	MM2
4.5-10	OPV
11-12	OPV
12-18	OPV
12-18	OPV

التاريخ والتوقيع
Date and Signature

ملاحظات Remarks	التاريخ Date	التوقيع Signature	التحصين ضد Imm. Against
26-3-17	10-5-18		Hep A
1-1-19	10-5-18		MM2
1-1-19	10-5-18		Varicella
الجرعات المنشطة Booster Doses			
	3-6-18		Pentax
	3-6-18		PCV2
	1-7-19	PSJ/D	OPV B
			DTaP
			Td
			Tetanus

Al Daayan Health Center
 Head Nurse

التحصينات
Immunization

ملاحظات Remarks	التاريخ والتوقيع Date and Signature			التحصين ضد Imm. Against
	التاريخ Date	التاريخ Date	التوقيع Signature	
		26-3-17	(A/Al/1)	BCG
		25-3-17	(A/Al/1)	HBV
	26-7-17	28-5-17		MM2, PCV2, OPV, Hib, IPV
		27-9-17		MM2, PCV2, OPV, Hib, IPV
	27-9-17	26-7-17		OPV
	27-9-17	26-7-17	28-5-17	PCV
	28-7-17	28-5-17		Rota Virus

Vaccines taken in Qatar (Al Ahli Hospital & Qatar Gas Clinic) -
 Transcribed by Ann @ 23-12-18



Newton Group

www.newtonschools.sch.qa

Newton International School Lagoon

An international community of learners, striving for excellence and celebrating success.



Early Years Foundation Stage (EYFS) Report: 2022 - 2023

Student's Name	Jannat Faisal Idrees Faisal	Term 2: March 2023	
QID	31758600314	Date of Birth	3/23/2017
Teacher's Name	Lucy Elizabeth Hutchison	Class	F2 Blue

My Picture



Attendance	
Days Late	0
Days Absent	2

Communication and Language (C&L)
Comments/Observations
Jannat has made some progress in this area however, engaging in class discussions continues to be a significant challenge. We will continue to support her confidence in speaking in Term 3.
Working below age-appropriate level

Personal, Social and Emotional Development (PSED)
Comments/Observations
Jannat can manage her own toileting and basic hygiene needs independently, such as sanitising her hands regularly, hand washing before and after Snack Time and washing her hands after using the toilet. Well done!
Working towards age-appropriate level

Physical Development (PD)
Comments/Observations
Jannat is able to adapt her skills when using different small art and craft tools which helps her to complete new and challenging tasks.
Working towards age-appropriate level

Literacy (L)
Comments/Observations
When looking at a book with an adult during Guided Reading sessions, Jannat can respond to some simple questions about the story and is able to point out some of her favourite characters.
Working below age-appropriate level

Mathematics (M)

Comments/Observations

When playing, Jannat is able to use some number names and number language spontaneously. She is able to recite numbers in order, from one to ten. With support, Jannat can use words like more than and less than.

Working below age-appropriate level

Understanding the World (UTW)

Comments/Observations

Jannat has enjoyed our recent topic on Life Cycles and has shown an interest in completing activities on the Interactive Whiteboard. She has thoroughly enjoyed going to the park and observing the birds in the trees.

Working towards age-appropriate level

Expressive Arts and Design (EA&D)

Comments/Observations

Jannat enjoys creating with and using a range of tools and materials to complete different pieces of art. She is always enthusiastic when it comes to art and adds great detail to her work. Well done!

Working at age-appropriate level

Arabic and Islamic Studies

Comments/Observations

Jannat is an energetic girl, she has a passion for learning, she can distinguish some of the sounds that we studied this term, but she needs more support in reading and writing letters to be able to develop herself during Term 3. I hope she continues to progress.

Working towards age -appropriate level

General Comment

Jannat is a friendly child who enjoys learning in the Shared Area. She would benefit from support at home in order to meet her full potential. I look forward to seeing Jannat's development next term.

Targets

- To begin to use a range of tenses (past, present, future).
- To begin to expand on what they say, supported by adults to use more complex sentences.
- To practise using language correctly, modelled by repetitive stories and games.

Recommended Activities

- Speak to your child about their day at school in English.
- Read a book at bedtime every night.

Lucy Elizabeth Hutchison

Class Teacher

Cindy Hannocks

SMT

Passport Number:	AH1428983	رقم جواز السفر:
Passport Expiry:	08/08/2026	تاريخ انتهاء الجواز:
Serial No:	30627858604114	الرقم المسلسل:
Residency Type:	عمل	نوع الرخصة:
Employer:	شركة قطر غاز للتشغيل المحدودة	المستقدم:
مدير عام الإدارة العامة للجوازات General Director of the General Directorate of Passports	توقيع حامل البطاقة Holder's signature	
		
		
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State Of Qatar Residency Permit		دولة قطر رخصة إقامة
ID.No:	27858604114	الرقم الشخصي:
D.O.B.:	27/11/1978	تاريخ الميلاد:
Expiry:	24/11/2023	الصلاحية:
Nationality:	باكستان PAKISTAN	الجنسية:
Occupation:	مشرف سلامة المهنة:	
الاسم: فيصل ادريس محمد ادريس		
CS Scanned with CamScanner		
Name: FAISAL IDREES MUHAMMAD IDREES		


State Of Qatar
Residency Permit

دولة قطر
رخصة إقامة

الرقم الشخصي: 28958603202
تاريخ الميلاد: 03/07/1989
الصلاحية: 28/03/2026
الجنسية: باكستان
Nationality: PAKISTAN
المهنة: ربة منزل
Occupation: ربة منزل

الاسم: ميهويش فيصل فيصل ادريس

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Name: MEHWISH FAISAL FAISAL IDREES



رقم جواز السفر: CD8916572
تاريخ انتهاء الجواز: 11/01/2028
الرقم الممسلم: 30428958603202
نوع الرخصة: عائلية
المستقدم: فيصل ادريس محمد ادريس

توقيع حامل البطاقة
Holder's signature

مدير عام الإدارة العامة للجوازات
General Director of the General
Directorate of Passports

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