

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 checked="" type="checkbox"/> Female: <input type="checkbox"/>
First Name (as per passport): MUHAMMAD ASJAL	Date of Birth (DD/MM/YYYY): 08-10-2010
Place of Birth (City/ State): LAHORE	Country of Birth: PAKISTAN
Passport No.: CV1882343	Nationality: PAKISTANI
Qatar ID No.: 31058601629	HMC Medical Card No.: HC03425961
Religion: (required by MOEHE) Muslim <input checked="" type="checkbox"/> Christian <input type="checkbox"/> Other <input type="checkbox"/>	Year Group/ Class requested for admission: GRADE-08

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 **URDU / ENGLISH**

Father's native language is **URDU** speaks to his child mainly in **URDU / 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: 2023-2024
School Address: NIS Lagoon branch- Lagoon	
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.: 40373004	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.

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:

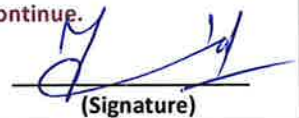
Does your child have any additional/special needs that the school needs to be aware of?

Hearing Sight Speech Other - please specify: N/A

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: 27/3/2023

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



27/3/2023

Name of Parent (In BLOCK letters)

Signature

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 type="checkbox"/>	<input type="checkbox"/>
2. Registration form duly completed	<input type="checkbox"/>	<input type="checkbox"/>
3. Two colored passport size photographs	<input type="checkbox"/>	<input type="checkbox"/>
4. Copy of student's passport*	<input type="checkbox"/>	<input type="checkbox"/>
5. Copy of student's RP (Qatar ID)*	<input type="checkbox"/>	<input type="checkbox"/>
6. Copy of student's birth certificate*	<input type="checkbox"/>	<input type="checkbox"/>
7. 2 Copies of student's vaccination records	<input 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 type="checkbox"/>	<input type="checkbox"/>
10. Copy of student's sponsor's Qatar ID/RP	<input type="checkbox"/>	<input type="checkbox"/>
11. Copy of other parent's Qatar ID/RP	<input type="checkbox"/>	<input type="checkbox"/>
12. Copy of student's sponsor's passport	<input type="checkbox"/>	<input type="checkbox"/>
13. Copy of other parent's passport	<input 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.abdelmagidat at 8:05 am, May 17, 2023		
Reviewed by:	REVIEWED By Vasantha Thennavan at 8:26 am, May 17, 2023		
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 : 27 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, Muhammad Asjal (Date of Birth: 8 October 2010) can attend the Al Khor International School British stream) from term 1 of the academic year 2023 – 2024.

Please make necessary arrangements for his enrollment at your school.

FOR QATARGAS OPERATING COMPANY LIMITED

Khadeja Abualfain
HEAD OF PERSONNEL ADMINISTRATION




State Of Qatar
Residency Permit

دولة قطر
رخصة إقامة

ID.No: 31058601629 : الرقم الشخصي
D.O.B.: 08/10/2010 : تاريخ الميلاد
Expiry: 28/03/2026 : الصلاحية
Nationality: PAKISTAN : الجنسية
Occupation: طالب : المهنة

الاسم: محمد اسيجال فيصل

Name: MUHAMMAD ASJAL FAISAL



Passport Number: CV1882343 : رقم جواز السفر
Passport Expiry: 06/02/2027 : تاريخ انتهاء الجواز
Serial No: 30831058601629 : 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

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حکومت پنجاب
THE GOVT OF THE PUNJAB



L20746454

اندرج پیدائش سرٹیفکیٹ
Birth Registration Certificate

CRMS No: B352043-11-0061

Form No: L20746454

OLD/M REG #:

دفتر اندراج رشید پورہ

Child's Details

بچے کے کوائف

Name :	MUHAMMAD ASJAL FAISAL	محمد اسجیل فیصل	نام :
Date of Birth :	08-October-2010	08-October-2010	تاریخ پیدائش :
Gender :	Male	مرد	جنس :
Religion :	ISLAM	مذہب : اسلام	پیدائش کا ضلع :
District of Birth :	LAHORE	لاہور	

Parental Information

والدین کی معلومات

Father's Name :	FAISAL IDREES	فیصل اوریس	والد کا نام :
Nationality :	Pakistani	پاکستانی	قومیت :
CNIC No :	42401-7148898-3	42401-7148898-3	شناختی کارڈ نمبر :
Mother's Name :	MEHWISH FAISAL	مہوش فیصل	والدہ کا نام :
Nationality :	Pakistani	پاکستانی	قومیت :
CNIC No :	35202-9540657-0	35202-9540657-0	شناختی کارڈ نمبر :
Grand Father's Name :	MUHAMMAD IDREES	محمد اوریس	دادا کا نام :
CNIC No :	42401-1862411-5	42401-1862411-5	شناختی کارڈ نمبر :

Address

پتہ

Address :	House No. 387 , Block D , Mohalla sabzazar , City LAHORE ,	مکان نمبر 387 ، بلاک ڈی ، محلہ سبزہ زار ، شہر لاہور ،	پتہ :
Tehsil :	LAHORE CITY	لاہور	تختیل :
District :	LAHORE	لاہور	ضلع :

Applicant's Details

درخواست دہندہ کے کوائف

Name :	FAISAL IDREES	فیصل اوریس	نام :
CNIC No :	42401-7148898-3	42401-7148898-3	شناختی کارڈ نمبر :
Relation of Child :	SON	بیٹا	بچے کا رشتہ :
Entry Date :	08-January-2011	08-January-2011	تاریخ اندراج :
Issue Date :	20-April-2017	20-April-2017	تاریخ اجراء :
Entry Status :	Normal	اندرج اسٹیٹس :	نارسل

سیکرٹری یونین کونسل
رشید پورہ 43 ضلع لاہور

SECRETARY
Union Council No 43
Rasheed Pura Lahore



30057110051768




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

H.C. No. : **HC03425961** الرقم الصحي: **البطاقة الصحية Health Card**

الإسم: **محمد اسيجال فيصل**
Name: **MUHAMMAD ASJAL FAISAL**
Date of Birth: **8/10/2010** تاريخ الميلاد:
Nationality: **Pakistani** الجنسية: **باكستاني**
ID No: **31058601629** 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



الأعراض المرضية الأساسية IMPORTANT MEDICAL DATA

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

BLOOD GROUP: **A-** HEALTH CENT **74**

تاريخ الإصدار: **28/8/2014** PHC :
Location : **815195FDN**

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		دولة قطر
Residency Permit		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		
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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	Newton Group www.newtonschools.sch.qa Newton International School Lagoon: 2022 – 2023		
	Name	Muhammad Asjal Faisal Idrees Faisal	
	QID	31058601629	
	Class	Y7B Red 1	
	Form Tutor	Jack Mark Quinn	

Term 1 – November 2022

Grade	Percentage
9	96 – 100%
8	90 – 95%
7	80 – 89%
6	75 – 79%
5	67 – 74%
4	58– 66%
3	50 – 57%
2	40 – 49%
1	30 – 39%
U	0 – 29%

Effort and Development	
1	Excellent
2	Good
3	Satisfactory
4	Needs Improvement
5	Cause for Concern
Attendance and Punctuality	
1	Days Late
1	Days Absent


Subject	Term 1		Term 2		Term 3	
	Grade	Effort	Grade	Effort	Grade	Effort
English	3	3				
Mathematics	3	3				
Science	3	4				
ICT	4	3				
Geography	3	1				
History	3	2				
Arabic	8	2				
French	3	3				
Islamic Studies	7	3				
History of Qatar	6	1				
Art	3	2				
Design and Technology	5	2				
P.E.	6	1				

Personal and Social Development	Term 1	Term 2	Term 3
Focus and contribution in lessons	2		
Behaviour	1		
Relationships with Peers	1		
Working independently	2		
Presentation of Work	3		
Completion of homework	3		
Uniform	Good		

Tutor Comment

Muhammad has a great attitude towards school. He is punctual and conscientious and generally displayed an excellent attitude to learning. He is always wearing exemplary uniform. Muhammad has displayed good progress this term. He has transitioned very well to the Secondary School environment. Muhammad should aim to continue with the same excellent attitude towards school that has enabled him to do well this term.

Jack Mark Quinn
Tutor


SMT



Name	Muhammad Asjal Faisal Idrees Faisal
QID	31058601629
Class	Y7BY 1
Form Tutor	Ross Dermott-Banahas

Term 2 – March 2023

Grade	Percentage
9	96 – 100%
8	90 – 95%
7	80 – 89%
6	75 – 79%
5	67 – 74%
4	58 – 66%
3	50 – 57%
2	40 – 49%
1	30 – 39%
U	0 – 29%

Effort and Development	
1	Excellent
2	Good
3	Satisfactory
4	Needs Improvement
5	Cause for Concern
Attendance and Punctuality	
0	Days Late
0	Days Absent

Subject	Term 1		Term 2		Term 3	
	Grade	Effort	Grade	Effort	Grade	Effort
English	3	3	4	3		
Mathematics	3	3	4	2		
Science	3	4	5	2		
ICT	4	3	3	3		
Geography	3	1	4	2		
History	3	2	U	5		
Arabic	8	2	9	2		
French	3	3	5	1		
Islamic Studies	7	3	7	2		
History of Qatar	6	1	7	1		
Art	3	2	4	3		
Design and Technology	5	2	3	3		
P.E.	6	1	7	2		

	Term 1	Term 2	Term 3
Personal and Social Development			
Focus and contribution in lessons	2	2	
Behaviour	1	1	
Relationships with Peers	1	2	
Working independently	2	2	
Presentation of Work	3	2	
Completion of homework	3	1	
Uniform	Good	Good	

Tutor Comment

Muhammad is a pleasure to have in my tutor, he is polite, kind and respectful. He is always on time for tutor, comes with the correct uniform and equipment ready for the day ahead. He is a model student and in order to further progress he needs to continue his good and positive attitude into term 3.

Ross Dermott-Banahas
Tutor

SMT