

## 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): <i>Herman Bin Abdullah</i>	Gender: Male: <input type="checkbox"/> Female: <input checked="" type="checkbox"/>
First Name (as per passport): <i>Nur Fadwa Hafiya</i>	Date of Birth (DD/MM/YYYY): <i>1/12/2018</i>
Place of Birth (City/ State): <i>Al Khor</i>	Country of Birth: <i>Qatar</i>
Passport No.: <i>A 54722544</i>	Nationality: <i>Malaysia</i>
Qatar ID No.: <i>31845800060</i>	HMC Medical Card No.: <i>HC06741007</i>
Religion: (required by MOEHE) Muslim <input checked="" type="checkbox"/> Christian <input type="checkbox"/> Other <input type="checkbox"/>	Year Group/ Class requested for admission: <i>Foundation Stage</i>

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

The child speaks mainly in *Bahasa Malaysia/English* (language) at home.

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

Mother's native language is *Bahasa Malaysia* speaks to her child mainly in *Bahasa Malaysia /English*

Father's native language is *Bahasa Malaysia* speaks to his child mainly in *Bahasa Malaysia /English*

Nanny's/A *9/2/2023* age is *NA* speaks to her child mainly in *NA*

### DETAILS OF LAST SCHOOL (if applicable)

School Name: <i>NA</i>	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): 6660 Street 66B, Al Khor Community, Al Khor, Qatar		
<b>SPONSORING PARENT'S INFORMATION</b>		
Name: (as per passport) Herman Bin Abdullah		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.: QG15130
Qatar ID No.: 27945800241	Nationality: Malaysia	
Mobile No.: 33421772	Home Tel. No.: 44652726	Work Tel. No.: 44746142
Work Email Address: Heabdullah@qatargas.com.qa	Preferred contact: Work <input type="checkbox"/> Personal <input checked="" type="checkbox"/>	
Personal Email Address: herman_i1999@yahoo.com		
<b>OTHER PARENT'S INFORMATION</b>		
Name: (as per passport) Farah Azila Binti Ahmad		Father <input type="checkbox"/> Mother <input checked="" type="checkbox"/>
Qatar ID No.: 28245800228	Nationality: Malaysia	
Mobile No.: 50426028	Home Tel. No.: NA	Work Tel. No.: NA
Email Address: farahazilaahmad@yahoo.com		

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

Name: Salwa Binti Abd Ariff	Relationship: Relative	Tel No(s): 66941336
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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 2

IF YES, PLEASE PROVIDE DETAILS BELOW:

Name	Year	House
Nur Hanis Farisha Binti Herman	11 COB	Confucius
Nur Fatin Hafizah Binti Herman	8 COA	Curie



### 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.

NA

#### 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.

Eczema, Allergic of egg, nuts, gluten, chocolate

#### 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.

NA

#### 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: NA

### 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.

Mjlc  
(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: Herman Bin Abdullah

Signature: Mjlc

Date: 23/3/2023

## 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).

HERMAN BIN ABDULLAH

Name of Parent (In BLOCK letters)

Mojib

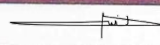
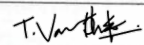
Signature

23/3/2023

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 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 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:	<small>RECEIVED By Yasmin Alsharif at 9:57 am, Mar 30, 2023</small>		
Reviewed by:	<small>REVIEWED By Yasmin Alsharif at 9:52 am, Apr 10, 2023</small>		
Validated by Lead Registrar:			



شركة قطرغاز  
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/15130/Q020720  
Date : 12.02.2023

**TO WHOM IT MAY CONCERN**

This is to certify that Mr. Herman Bin Abdullah (Staff No:15130) is an employee of Qatargas Operating Company Limited. Employee joined the Company on 18 May 2011.

We confirm that Mr. Herman Bin Abdullah is currently residing with family in Company provided accommodation as follows:

**Residence Address**

Villa B-660 - 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: 31845800060 الرقم الشخصي:  
D.O.B.: 01/12/2018 تاريخ الميلاد:  
Expiry: 16/01/2026 الصلاحية:  
الجنسية: ماليزيا



Nationality: MALAYSIA

Occupation: طفلة المهنة:

الاسم: نور فدوة عافية بينتي هيرمان

Name: NUR FADWA HAFIYA BINTI HERMAN

Passport Number: A54722544 رقم جواز السفر:  
Passport Expiry: 05/09/2026 تاريخ انتهاء الجواز:  
Serial No: 30431845800060 الرقم الممثل:  
Residency Type: عقلية نوع الرخصة:  
Employer: هرمن بن عبدالله المستخدم:  
مدير عام الإدارة العامة للجوازات  
General Director of the General  
Directorate of Passports توقيع حامل البطاقة  
Holder's signature





شهادة ميلاد / Birth Certificate

Baby Name	NUR FADWA HAFIYA BINTI HERMAN	اسم المولود
Sex	Female	الجنس
Date of Birth	01/12/2018 (23/03/1440)	تاريخ الميلاد
Date of Birth in Words	FIRST OF DECEMBER TWO THOUSAND EIGHTEEN	تاريخ الميلاد بالحروف
Place of Birth	AL KHOR HOSPITAL - QATAR	محل الميلاد
Father's Name	HERMAN BIN ABDULLAH	اسم الأب
Religion	MUSLIM	ديانة الأب
Nationality of Father	MALAYSIA	جنسية الأب
Mother's Name	FARAH AZILA BINTI AHMAD	اسم الأم
Religion	MUSLIM	ديانة الأم
Nationality of Mother	MALAYSIA	جنسية الأم
Registration Number	026261/2018	رقم التسجيل
Registration Date	06/12/2018 11.17 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 بالدوحة - دولة قطر

zainab  
Registerer  
zhasan

Director of the Public Health

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

مدير ادارة الصحة العامة

مستقبل التسجيل



جدول التحصينات  
Immunization Schedule

التوقيع والملاحظات Signature and Remarks	التاريخ Date			الحصين ضد Imm. Against
	الثالثة 3rd	الثانية 2nd	الجرعة الاولى 1st	
			4/12/18 10004 09/01/19 MUMPS	الجرن BCG
			01/12/18 شعشعش	الكبدى الفيروسي (ب) Hep B
			28/5/19 04/7/19	الخماسي PENTA
			R3B571V 04/07/19	شلل الاطفال الغموي OPV
	W3975 04/7/19	X62056 29/04/19 (AM)	Lot# 76256 RT 11 Feb 2019 (Ming)	المكورات الرئوية PCV
	AR01C104KE 29/04-2019 (AM)	Lot# AR01B850AL 11 Feb 2019, PQ/ua		الفيروسات العجلية ROTA virus
	A21CP298A 29-04-2019 (AM)	Lot# N3F78 11 Feb 2019 (Ming)		السداسي HEXA

PENTA (الخماسي): الكبد الفيروسي (ب) HBV، الدفتيريا، التيفانوس، السعال الديكي DTP، هيومفلس الفلوزا Hib  
 HEXA (السداسي): الكبد الفيروسي (ب) HBV، الدفتيريا، التيفانوس، السعال الديكي DTaP، هيومفلس الفلوزا Hib، شلل الاطفال المعطل OPV  
 TETRA (الرباعي): السعال الديكي DTaP، هيومفلس الفلوزا Hib، الحصبة MMR، الحصبة الألمانية Rubella، الخناق Mumps

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جدول التحصينات  
Immunization Schedule

التوقيع والملاحظات Signature and Remarks	التاريخ Date		الحصين ضد Imm. Against
	الثانية 2nd	الجرعة الاولى 1st	
	R039694 13/7/2020	R003457 06/01/2020	الكبدى الجبالي (ا) Hep A
	AMJRP 865AA 13/7/2020	R032970 at arm 515	MMR
		170 CD 253 A at arm 1 M	الجدري المائي Varicella
		2858 704 71E 13/7/2020	الرباعي Tetra
		R3X98 13/7/2020	كورات الرئوية المنشطة - PCV B
			شلل الاطفال الغموي - OPV B
			الثلاثي المنشطة - DTaP B
			الثاني - Td
			تيتانوس - Tetanus
			Others





الخط الساخن - Hotlines  
 66740951 (English) - 7774.90 (عربي)


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		<b>مؤسسة حمد الطبية</b> <b>Hamad Medical Corporation</b>
	HEALTH - EDUCATION - RESEARCH	صحة - تعليم - بحوث
H.C. No. :	الرقم الصحي:	<b>البطاقة الصحية</b> <b>Health Card</b>
	<b>HC06741007</b>	
Name:	<b>نور فدوة عافية بينتي هيرمان</b>	
Date of Birth:	<b>1/12/2018</b>	
Nationality:	<b>Malaysian</b>	<b>ماليزية</b>
ID No:	<b>31845800060</b>	

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	
	<b>IMPORTANT MEDICAL DATA</b> الأعراس المرضية الأساسية
	<ul style="list-style-type: none"> <li>- CAD</li> <li>- EPILEPSY</li> <li>- HYPERTENSION</li> <li>- DIABETES MELLITUS</li> <li>- COAGULATION DISORDER</li> <li>- RENAL FAILURE</li> <li>- ASTHMA &amp; COPD</li> <li>- DRUGS ALLERGY</li> <li>- IMUNOSUPPRESSED</li> </ul>
BLOOD GROUP:	HEALTH CENTER: <b>78</b>
تاريخ الإصدار <b>21/3/2023</b>	PHC : Location : <b>71000KRN</b>



Passport Number:	A54722631	رقم جواز السفر:
Passport Expiry:	24/03/2026	تاريخ انتهاء الجواز:
Serial No:	30827945800241	الرقم الممنون:
Residency Type:	عمل	نوع الرخصة:
Employer:	شركة قطر غاز للتشغيل المحدوده	المستقدم:
مدير عام الإدارة العامة للجوازات General Director of the General Directorate of Passports	توقيع حامل البطاقة Holder's signature	
		
		

<b>State Of Qatar</b>			<b>دولة قطر</b>
<b>Residency Permit</b>			<b>رخصة إقامة</b>
ID.No:	27945800241	الرقم الشخصي:	
D.O.B.:	21/09/1979	تاريخ الميلاد:	
Expiry:	17/05/2026	الصلاحية:	
Nationality:	ماليزيا MALAYSIA	الجنسية:	
Occupation:	مشغل آلة	المهنة:	
			الاسم: هرمن بن عبدالله
Name: HERMAN BIN ABDULLAH			





**State Of Qatar**  
**Residency Permit**

**دولة قطر**  
**رخصة إقامة**

ID.No: 28245800228 : الرقم الشخصي  
D.O.B.: 02/11/1982 : تاريخ الميلاد  
Expiry: 01/06/2026 : الصلاحية  
Nationality: MALAYSIA : الجنسية  
Occupation: ربة منزل : المهنة

ماليزيا

الاسم: فرح احمد

Name: FARAH AZILA BINTI AHMAD



Passport Number: A54722543 : رقم جواز السفر  
Passport Expiry: 24/03/2026 : تاريخ انتهاء الجواز  
Serial No: 30628245800228 : الرقم الممثل  
Residency Type: عائلية : نوع الرخصة  
Employer: هرمن بن عبدالله : المستقدم  
مدير عام الإدارة العامة للجوازات  
General Director of the General  
Directorate of Passports : توقيع حامل البطاقة  
Holder's signature

توقيع حامل البطاقة



