

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): ZIAH	Gender: Male: <input type="checkbox"/> Female: <input checked="" type="checkbox"/>
First Name (as per passport): HARLYNE NYAMVULA	Date of Birth (DD/MM/YYYY): 13/05/2019
Place of Birth (City/ State): AL-KHOR/QATAR	Country of Birth: QATAR
Passport No.: AK0971723	Nationality: KENYAN
Qatar ID No.: 31940400014	HMC Medical Card No.: HC05703837
Religion: (required by MOEHE) Muslim <input type="checkbox"/> Christian <input checked="" type="checkbox"/> Other <input type="checkbox"/> _____	Year Group/ Class requested for admission: 2023

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 SWAHILI/KISWAHILI speaks to her child mainly in ENGLISH

Father's native language is SWAHILI/KISWAHILI 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: N/A	Year: N/A
School Address: N/A	
Syllabus followed in the school: British <input type="checkbox"/> American <input type="checkbox"/> IB <input type="checkbox"/> Other <input type="checkbox"/> (please specify): <u>N/A</u>	

FAMILY INFORMATION

Home Address (in Qatar):			
SPONSORING PARENT'S INFORMATION			
Name: (as per passport) KAIH HANNINGTON ZIAH JUMAA			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.: 16891
Qatar ID No.: 27840400602		Nationality: KENYAN	
Mobile No.: 30093420	Home Tel. No.: 40295126	Work Tel. No.: 44974522	
Work Email Address: HKaih@qatargas.com.qa		Preferred contact:	
Personal Email Address: hanniziah@gmail.com		Work <input type="checkbox"/> Personal <input checked="" type="checkbox"/>	
OTHER PARENT'S INFORMATION			
Name: MWACHIRO ANCILLAR MBODZE (as per passport)			Father <input type="checkbox"/> Mother <input checked="" type="checkbox"/>
Qatar ID No.: 2840401016		Nationality: KENYAN	
Mobile No.: 50262025	Home Tel. No.: 40295126	Work Tel. No.: N/A	
Email Address: ancillarziah@gmail.com			

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

Name: MAURINE MASINDE	Relationship: FRIEND	Tel No(s): 30668291
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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 3

IF YES, PLEASE PROVIDE DETAILS BELOW:

Name	Year	House
RITA KWEKWE ZIAH	11	AVICENNA
PAUL LUGO ZIAH	9	AVICENNA
HANNIZIAH MWACHIRO ZIAH	6	AVICENNA

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. N/A

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. N/A

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. N/A

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: HANNINGTON ZIAH JUMAA KAIH

Signature:  Date: 01/03/2023

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).

HANNINGTON ZIAH JUMAA KAIH



01/03/2023

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 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/16891/K600493
Date : 27.02.2023

TO WHOM IT MAY CONCERN

This is to certify that Mr. Hannington Ziah Jumaa Kaih (Staff No:16891) is an employee of Qatargas Operating Company Limited. Employee joined the Company on 22 February 2015.

We confirm that Mr. Hannington Ziah Jumaa Kaih is currently residing with family in Company provided accommodation as follows:

Residence Address

Flat C-11902 - 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



State Of Qatar
Residency Permit



دولة قطر
رخصة إقامة

ID.No: 31940400014

الرقم الشخصي:

D.O.B.: 13/05/2019

تاريخ الميلاد:

Expiry: 10/09/2025

المصلاحيّة:

كينيا

Nationality: KENYA

الجنسية:

Occupation: طفلة

المهنة:



الاسم: هارلين زياه

Name: HARLYNE NYAMVULA ZIAH

Passport Number:

AK0971723

رقم جواز السفر:

Passport Expiry:

27/07/2031

تاريخ انتهاء الجواز:

Serial No:

30231940400014

الرقم المسلسل:

Residency Type:

عقيلة

نوع الرخصة:

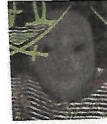
Employer:

هاتنيجتون زيده جمعا كليه

المستخدم:

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

توقيع حامل البطاقة
Holder's signature



Birth Certificate / شهادة ميلاد

Baby Name HARLYNE NYAMVULA ZIAH
Sex Female
Date of Birth 13/05/2019 (08/09/1440)
Date of Birth in Words THIRTEENTH OF MAY TWO THOUSAND NINETEENTH
Place of Birth AL KHOR HOSPITAL - QATAR
Father's Name HANNINGTON ZIAH JUMAA KAIH
Religion CHRISTIAN
Nationality of Father KENYA
Mother's Name ANCILLAR MBODZE MWACHIRO
Religion CHRISTIAN
Nationality of Mother KENYA
Registration Number 010428/2019
Registration Date 16/05/2019 09.43 AM

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

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

Registerer
hnasr

Director of the Public Health



BDR 26

أشهد أن ماورد أعلاه هو نقل صحيح من سجل مواليد إدارة الصحة العامة بالدوحة - دولة قطر

مدير ادارة الصحة العامة

مسئول التسجيل

اسم المولود
الجنس
تاريخ الميلاد
تاريخ الميلاد بالحروف
محل الميلاد
اسم الأب
ديانة الأب
جنسية الأب
اسم الأم
ديانة الأم
جنسية الأم
رقم التسجيل
تاريخ التسجيل



مؤسسة الرعاية الصحية الأولية
PRIMARY HEALTH CARE CORPORATION

فتاة / Girl

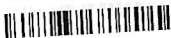


المفكرة الصحية للطفل

مفكرة الطفل الصحية

Child Health Notebook

Well Baby Clinic



HC05703837

HC Exp:

BABY OF ANCILLAR MBODZE MWACHIRO

Nationality: Kenyan

DOB: 13/05/2019 Gender: Female



الإسم

Name

الرقم الشخصي

ID No.

الرقم الصحي

HC No.

المركز الصحي

Health Centre

Tel # 40295126
Oid # 31940400014





جدول التحصينات
Immunization Schedule

التوقيع والملاحظات Signature and Remarks	التاريخ Date			الحصين ضد Imm. Against
	الثالثة 3rd	الثانية 2nd	الجرعة الاولى 1st	
			14/05/19 BY	الدرن BCG
			0.5 ml im given @ Rt thigh on 13/5/19 by U. ...	الكبدى الفيروسي (ب) Hep B
			4/12/19 288810078	الخماسي PENTA
			4/12/19 R3C08	شلل الأطفال الفموي OPV
	4/12/19 19/4/19	15/9/19 T62561 1M LE thigh-Hs.	16/7/19 15/9/19	المكورات الرئوية PCV
	15/9/19 . AR0CC110AA PO - Hs P3E99IV		16/7/19 15/9/19	الفيروسات العنكبوتية ROTA virus
	15/9/19 . 1M RE thigh - Hs .		16/7/19 15/9/19	السداسي HEXA

PENTA (الخماسي): الكبد الفيروسي (ب) HBV، الدفتيريا، التيفافوس، السعال الديكي DTP، هيومفلس الفلورا Hib
 HEXA (السداسي): الكبد الفيروسي (ب) HBV، الدفتيريا، التيفافوس، السعال الديكي DTaP، هيومفلس الفلورا Hib، شلل الأطفال المعطل IPV
 TETRA (الرباعي): السعال الديكي DTaP، هيومفلس الفلورا Hib، الحصبة الألمانية Rubella، الحصبة Measles، الحصبة الألمانية Rubella، النكاف Mumps



جدول التحصينات Immunization Schedule

التوقيع والملاحظات Signature and Remarks	التاريخ Date		الحصين ضد Imm. Against
	الثانية 2nd	الجرعة الاولى 1st	
	SD16044 28/12/2020	٤033694 (I/LT)	الكبد الوبائي (أ) Hep A
AMIRD 182AS	28/12/20	AMIRD 8659A (S/LT)	MMR
	28/12/20	15/6/2020	الجديري المائي Varicella
		R036933 (S/LT)	الرباعي - Tetra
		Lot 28884037C 28/12/20	بروتينات الرئوية المشطية - PCV B
		T3D92IV PO 28/12/20	للأطفال الفموي - OPV B
			ثلاثي المشطية - DTaP B
			الثنائي - Td
			تيتانوس - Tetanus
			Others

التحصينات
Immunization



الخط الساخن - Hotlines

66740951 - ٦٦٧٤٠٩٥ (عربي)



H.C. No.: الرقم الصحي: **البطاقة الصحية**
HC05703837 **Health Card**

الإسم: **هارلين زيا**
Name: **HARLYNE NYAMVULA ZIAH**
Date of Birth: **13/5/2019** تاريخ الميلاد:
Nationality: **Kenyan** الجنسية: **كينية**
ID No: **31940400014** 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

المعلومات الهامة الطبية

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

BLOOD GROUP: **A+** HEALTH CENT: **65**

تاريخ الإصدار: **5/2/2020** PHC : **Location : 57295KRN**

State Of Qatar
Residency Permit



دولة قطر
رخصة إقامة

ID.No: 27840400602 الرقم الشخصي:
D.O.B.: 04/04/1978 تاريخ الميلاد:
Expiry: 22/02/2024 التاريخ:
Nationality: كينيا الجنسية:
Occupation: مشغل آلة المهنة:



الاسم: هاننغتون زياه جمعا كايه

Name: HANNINGTON ZIAH JUMAA KAIH

Passport Number: AK0178504
Passport Expiry: 21/08/2028
Serial No: 30527840400602
Residency Type: عمل
Employer: شركة قطر غاز للتشغيل المحدود
مدير عام الإدارة العامة للجوازات
General Director of the General
Directorate of Passports

رقم جواز السفر:
تاريخ انتهاء الجواز:
السرقة المسلسل:
نوع الرخصة:
المستفيد:

ترقيع حامل البطاقة
Holder's signature



State Of Qatar
Residency Permit



دولة قطر
رخصة إقامة

ID.No: 28240401016 الرقم الشخصي:
D.O.B.: 28/07/1982 تاريخ الميلاد:
Expiry: 10/12/2024 الصلاحية:
Nationality: كينيا الجنسية:
Occupation: ربة منزل المهنة:



الاسم: انكيلار مواشيرو

Name: ANCILLAR MBODZE MWACHIRO

Passport Number: AK0178503
Passport Expiry: 21/08/2028
Serial No: 30328240401016
Residency Type: عائلية
Employer: هاتريدكتور زياه جمعا تايه
مدير عام الإدارة العامة للجوازات
General Director of the General
Directorate of Passports
توقيع حامل البطاقة
Holder's signature

رقم جواز السفر:
تاريخ انتهاء الجواز:
السرقة المسمول:
نوع الرخصة:
المستقدم:

