

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): KHAR	Gender: Male: <input type="checkbox"/> Female: <input checked="" type="checkbox"/>
First Name (as per passport): AICHA	Date of Birth (DD/MM/YYYY): 29/09/2011
Place of Birth (City/ State): Sidi M'hamed / Algiers	Country of Birth: Algeria
Passport No.: 306152426	Nationality: Algerian
Qatar ID No.: 31101200208	HMC Medical Card No.: HC07041314
Religion: (required by MOEHE) Muslim <input checked="" type="checkbox"/> Christian <input type="checkbox"/> Other <input type="checkbox"/>	Year Group/ Class requested for admission: Year 7

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

The child speaks mainly in Arabic (language) at home.

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

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

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

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

DETAILS OF LAST SCHOOL (if applicable)

School Name: Al Andalous Primary School	Year: Year 6
School Address: Rawdat Al Hamama - Lusail	
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>Qatari</u>	

FAMILY INFORMATION

Home Address (in Qatar):		
SPONSORING PARENT'S INFORMATION		
Name: (as per passport) <u>Lounis Khiair</u>		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.: <u>20634</u>
Qatar ID No.: <u>28001200301</u>	Nationality: <u>Algeria</u>	
Mobile No.: <u>55711627</u>	Home Tel. No.: <u>4490 2749</u>	Work Tel. No.: <u>44744154</u>
Work Email Address: <u>LKhiair@gatargas.com.qa</u>		Preferred contact:
Personal Email Address: <u>lounis.khiair@gmail.com</u>		Work <input type="checkbox"/> Personal <input checked="" type="checkbox"/>
OTHER PARENT'S INFORMATION		
Name: (as per passport) <u>Zineb Ourabia</u>		Father <input type="checkbox"/> Mother <input checked="" type="checkbox"/>
Qatar ID No.: <u>28301200383</u>	Nationality: <u>Algeria</u>	
Mobile No.: <u>3329 9657</u>	Home Tel. No.: <u>4490 2749</u>	Work Tel. No.: <u>-</u>
Email Address: <u>o.zeynab.mourad@gmail.com</u>		

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

Name: <u>Abdelwahab Boussaha</u>	Relationship: <u>Friend</u>	Tel No(s): <u>3303 2904</u>
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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
<u>Abderrahman</u>	<u>8</u>	<u>8SHB</u>
<u>Yousra</u>	<u>2</u>	<u>2SOB</u>
<u>Assia</u>	<u>FS</u>	<u>FCUA</u>

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.

Nothing to report

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.

Nothing to report

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.

None

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: _____

None

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: _____

Lounis Akhbar

Signature: _____



Date: _____

16-April-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).

LOUNIS KHIAR

Name of Parent (In BLOCK letters)



Signature

16/04/2023

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 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.abdelmagid at 9:10 am, May 01, 2023		
Reviewed by:	REVIEWED By Vasantha Thennavan at 10:36 am, May 10, 2023	T. Vasantha	
Validated by Lead Registrar:			

شركة قطرغاز
للتشغيل المحدودة
ص ب ٢٢٦٦٦
الدوحة، دولة قطر
الهاتف: ٦٠٠٠ ٤٤٧٣ ٩٧٤
فاكس: ٦٦٦٦ ٤٤٧٣ ٩٧٤
www.qatargas.com.qa



Tel. : 4452 3222
Fax : 4473 6345
Ref. : PA/20634/K600493
Date : 16.04.2023

TO WHOM IT MAY CONCERN

This is to certify that Mr. Lounis Khiar (Staff No:20634) is an employee of Qatargas Operating Company Limited. Employee joined the Company on 11 December 2020.

We confirm that Mr. Lounis Khiar is currently residing with family in Company provided accommodation as follows:

Residence Address

Villa B-422 - AKC Al-Khor Housing Community
Al-Khor
P.O. Box 22166
State of Qatar

Yours faithfully,
For **QATARGAS OPERATING COMPANY LIMITED**

Abdulaziz Mubarak J A Al-Kuwari
SENIOR PA OPERATIONS OFFICER





362021022783



Valid Until: 2021-10-01 صالحه لغاية: 2021-10-01
For More Info: www.moi.gov.qa

State of Qatar دولة قطر
 3 - JUL 2021
 Arrival
 02 JUL. 2021
 مطار هوراي بوسدين 17

State Of Qatar
Residency Permit



دولة قطر
رخصة إقامة

ID.No: 31101200208

الرقم الشخصي:

D.O.B.: 29/09/2011

تاريخ الميلاد:

Expiry: 03/07/2024

الصلاحية:

جزائرية

الجنسية:

Nationality: ALGERIA

Occupation: طالبة

المهنة:



الاسم: عائشة خيار

Name: AICHA KHIAR

Passport Number: 306152426
Passport Expiry: 01/02/2025
Serial No: 30131101200208
Residency Type: عائلية
Employer: لونيس خيار

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:
الرقم الممثل:
نوع الرخصة:
المستخدم:



Age السن	Vaccins التلقيح	Contre ضد
A la naissance عند الولادة	BCG POLIO ORAL HBV (1)	TUBERCULOSE - POLIOMYELITIS HEPATITE VIRALE B (1) السل - الشلل - التهاب الكبد الفيروسي ب (1)
1 mois شهر	HBV (2)	HEPATITE VIRALE B (2) التهاب الكبد الفيروسي ب (2)
3 mois أشهر	DT Coq Hib POLIO ORAL	DIPHTERIE - TETANOS الحنق - الكزاز - السعال الديكي - الشلل COQUELUCHE - POLIOMYELITIS 1ère DOSE HAEMOPHILUS INFLUENZAE b هيموفيلوس الأفلونزي ب
4 mois أشهر	DT Coq Hib POLIO ORAL	DIPHTERIE - TETANOS - الكزاز - الحناق - السعال الديكي - الشلل COQUELUCHE - POLIOMYELITIS 2ème DOSE HAEMOPHILUS INFLUENZAE b هيموفيلوس الأفلونزي ب
5 mois أشهر	DT Coq Hib POLIO ORAL HBV (3)	DIPHTERIE - TETANOS - COQUELUCHE الحنق - الكزاز - السعال الديكي POLIOMYELITIS HEPATITE VIRALE B (3) الشلل - الجرعة الثالثة ضد التهاب الكبد الفيروسي ب (3) 3ème DOSE HAEMOPHILUS INFLUENZAE b هيموفيلوس الأفلونزي ب
9 mois أشهر	ANTIROUGEOLEUX	الحصبة ROUGEOLE
18 mois شهر	DT Coq Hib POLIO ORAL	DIPHTERIE - TETANOS - الكزاز - الحناق - السعال الديكي - الشلل COQUELUCHE - POLIOMYELITIS RAPPEL HAEMOPHILUS INFLUENZAE b هيموفيلوس الأفلونزي ب
6 ans سنة	DT enfant POLIO ORAL ANTIROUGEOLEUX	DIPHTERIE - TETANOS الحناق - الكزاز ROUGEOLE - POLIO الحصبة - الشلل
11/13 ans سنة	DT adulte POLIO ORAL	DIPHTERIE - TETANOS - POLIOMYELITIS الكزاز - الشلل - الحناق للبالغين
16/18 ans سنة	DT adulte POLIO ORAL	DIPHTERIE - TETANOS - POLIOMYELITIS الكزاز - الشلل - الحناق للبالغين
Tous les 10 ans à partir de 18 ans	DT adulte	DIPHTERIE - TETANOS الحناق - الكزاز للبالغين

Un enfant bien vacciné est un enfant protégé

Technique vaccinale تقنية التلقيح	Numéro du lot رقم الكمية	Date تاريخ	Signature/cachet التوقيع / الختم
HBV ₂ + BCG + Polio	03-10.11		
HRV 2	3. M. 2011		
3. A	2012		
7. 02	2012		
11. 3	2012		
ROUAN.			
DTB M1	02/18		

التلقيح يحمي الطفل من الأمراض



H.C. No.: الرقم الصحي: **HC07041314** البطاقة الصحية Health Card

الإسم: عائشه خيار
Name: **AICHA KHIAR**
تاريخ الميلاد: 29/9/2011
Date of Birth: **29/9/2011**
الجنسية: جزائرية
Nationality: **Algerian**
الرقم الشخصي: 31101200208
ID No: **31101200208**

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 CENTER **75**

تاريخ الإصدار
15/8/2021

PHC :
Location : **64526KRN**

State Of Qatar
Residency Permit



دولة قطر
رخصة إقامة

ID.No: 28001200301 الرقم الشخصي:
D.O.B.: 10/11/1980 تاريخ الميلاد:
Expiry: 12/12/2023 الصلاحية:
الجنسية:
Nationality: ALGERIA جزائري
المهنة:
Occupation: مهندس



الاسم: لونيس خيار

Name: LOUNIS KHIAR

Passport Number:

156398288

رقم جواز السفر:

Passport Expiry:

05/08/2025

تاريخ انتهاء الجواز:

Serial No:

30128001200301

العدد المسلسل:

Residency Type:

عمل

نوع الرخصة:

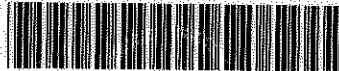
Employer:

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



State Of Qatar
Residency Permit



دولة قطر
رخصة إقامة

ID.No: 28301200383 الرقم الشخصي:
D.O.B.: 16/01/1983 تاريخ الميلاد:
Expiry: 03/07/2024 الصلاحية:
Nationality: الجزائرية الجنسية:
Occupation: ربة منزل المهنة:



الاسم: زينب أورابية

Name: ZINEB OURABIA

Passport Number: 176768601 رقم جواز السفر:
Passport Expiry: 10/03/2027 تاريخ انتهاء الجواز:
Serial No: 30120301200383 الرقم المسلسل:
Residency Type: عائلية نوع الرخصة:
Employer: لوئيس خيار المستقدم:
مدير عام الإدارة العامة للجوازات
General Director of the General
Directorate of Passports توقيع حامل البطاقة
Holder's signature






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Valid Until: 2021-10-01
 صالحة لغاية: 2021-10-01
 For More Info: www.moi.gov.qa

* 3 6 2 0 2 1 0 2 1 2 5 3 *



State of Qatar دولة قطر
 3 - JUL 2021 352
 Arrival



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كشف درجات اختبار منتصف الفصل الدراسي الثاني Second Midterm Report Card

العام الدراسي 2022-2023 م

Student Name	عائشة خيار AICHA KHIAR	اسم الطالب
School Name	مدرسة الأندلس الابتدائية الاعدادية الثانوية الخاصة للبنات Al Andalus Private Primary Preparatory Secondary Girls School	اسم المدرسة
Scholastic Year	2022-2023	العام الدراسي
Grade	06	الصف
Homeroom	06/2	الشعبة
Student QID	31101200208	الرقم الشخصي

Subjects	درجة الطالب Student Score	درجة منتصف الفصل Mid Term Score	المواد الدراسية
Islamic Education	15	15	التربية الاسلامية
Arabic	14	15	اللغة العربية
English	14.5	15	اللغة الانجليزية
Mathematics	12	15	الرياضيات
Science	13	15	العلوم
Social Studies	13.5	15	الدراسات الاجتماعية
Computing & Information Technology	15	15	الحوسبة وتكنولوجيا المعلومات
Physical Education	15	15	التربية البدنية
Visual Arts	15	15	فنون بصرية

خالد عبدالله الحرقان

وكيل الوزارة المساعد لشؤون التقييم

KHALID ABDULLA AL-HARQAN

Assistant Undersecretary for Evaluation Affairs



حرر بتاريخ 2023/03/22



ACBYVVKB