

**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/2024/gc
Date : 3 August 2022

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. Abdulaziz Mahbob Al-Muhannadi (Staff No. 2024) following children can attend the Al Khor International School (British stream) from the academic year 2022 – 2023.

Muneera Abdulaziz (Date of birth: 24.12.2005)

Haya Abdulaziz (Date of birth: 26.02.2009)

Saif Abdulaziz (Date of birth: 15.09.2013)

Please make necessary arrangements for their enrollment at your school.

For **QATARGAS OPERATING COMPANY LIMITED**



Khadeja Yousef Abualfain
HEAD OF PERSONNEL ADMINISTRATION

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): <u>AlMuhannadi</u>	Gender: Male: <input type="checkbox"/> Female: <input checked="" type="checkbox"/>
First Name (as per passport): <u>Muneera</u>	Date of Birth (DD/MM/YYYY): <u>24/12/2006</u>
Place of Birth (City/ State): <u>Doha</u>	Country of Birth: <u>Qatar</u>
Passport No.: <u>01702825</u>	Nationality: <u>Qatari</u>
Qatar ID No.: <u>30563406247</u>	HMC Medical Card No.: <u>HC00565691</u>
Religion: (required by MOEHE) Muslim <input checked="" type="checkbox"/> Christian <input type="checkbox"/> Other <input type="checkbox"/>	Year Group/ Class requested for admission: <u>12</u>

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 Swahili speaks to her child mainly in English

DETAILS OF LAST SCHOOL (if applicable)

School Name: <u>Nord Anglia International School Al Khor</u>	Year: <u>11</u>
School Address: <u>Fuimiyah Street, Building S, zone 74</u>	
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):
 house 35 / street 670 / zone 74

SPONSORING PARENT'S INFORMATION

Name: (as per passport) Abdulaziz Mahboub		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.: 2024
Qatar ID No.: 27963402111	Nationality: Qatari	
Mobile No.: 55552988	Home Tel. No.: 44130836	Work Tel. No.: N/A
Work Email Address: abmuhamadi@qatargas.com.qa Personal Email Address: bo_202@icloud.com		Preferred contact: Work <input type="checkbox"/> Personal <input checked="" type="checkbox"/>

OTHER PARENT'S INFORMATION

Name: (as per passport) Nouman Saif Al. Rawahi		Father <input type="checkbox"/> Mother <input checked="" type="checkbox"/>
Qatar ID No.: 28051200111	Nationality: Qatari	
Mobile No.: 55897321	Home Tel. No.: 44130836	Work Tel. No.: 44483458
Email Address: fajeraziz@yahoo.com		

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

Name: Sheikha	Relationship: Sister	Tel No(s): 66433947
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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: NO

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: A. Aziz Al-Maharraqi

A. Aziz Mahbarob Al. Maharraqi

Signature: [Signature]

Date: 26/11/22

DECLARATION

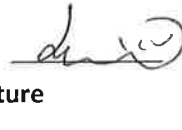
I confirm that the above information is correct. I agree to abide by all the policies of AKIS and accept that decisions of the Education Manager in any matter relating to the administration of AKIS as final.

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).

A. Aziz Al Muhannadi

Name of Parent (In BLOCK letters)





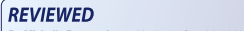

Signature

26/5/22

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:			
Reviewed by:			
Validated by Lead Registrar:			

3

120563406247

هذا الجواز صالح لجميع الدول ما لم يذكر خلاف ذلك
This Passport is valid for all countries
unless otherwise endorsed

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Type النوع	Country code رمز البلد	Passport N* رقم الجواز
P	QAT	01702825
Name الاسم MUNEERA ABDULAZIZ M S ALMUHANNADI منيرة عبدالعزيز محبوب سعيد المهندي		
Date of birth تاريخ الميلاد	Sex الجنس	Place of birth محل الميلاد
24 12 2005	F أنثى	QATAR قطر
Date of issue تاريخ الإصدار	Date of expiry تاريخ الانتهاء	Personal N* الرقم الشخصي
15 11 2021	14 11 2026	30563406247
Holder's signature توقيع حامل الجواز		
منيرة		

P<QATALMUHANNADI<<MUNEERA<ABDULAZIZ<M<S<<<<<<<
01702825<3QAT0512240F261114730563406247<<<<06

State of Qatar
ID. Card



دولة قطر
بطاقة إثبات شخصية



ID. No: 30563406247

الرقم:

D.O.B. 24/12/2005

تاريخ الميلاد:

Nationality:

QATAR /

قطريه

الجنسية:

Date of expiry:

22/09/2025

الصلاحية:



الإسم: منيرة عبدالعزيز محبوب سعيد المهدي

Name: MUNEEBA ABDULAZIZ M S ALMUHANNADI

منطقة 74 - شارع 670 - مبنى 35

العنوان:

Serial No: 433259080C09247E

الرقم المسلسل:

مدير إدارة الجنسية و وثائق السفر
Authority's signature

توقيع حامل البطاقة
Holder's signature



شهادة ميلاد Birth Certificate

الرقم الشخصي : ٣٠٥٦٣٤٠٦٢٤٧

تاريخ الميلاد : ٢٠٠٥/١٢/٢٤

منيره عبدالعزيز محبوب سعيد المهندي



جدول التطعيمات

العمر	نوع التطعيم
عند الولادة	الدرن + الكبدى الاولى
شهرين	الكبدى الثانية + الثلاثى الاولى + الشلل الاولى + الانفلونزا الاولى
اربعة اشهر	الثلاثى الثانية + الشلل الثانية + الانفلونزا الثانية
سته اشهر	الثلاثى الثالثة + الشلل الثالثة + الانفلونزا الثالثة + الكبدى الثالثة
١٢ شهراً	الحصبة والحصبة الالمانية والنكاف الاولى والفيرسلا (الجدري)
١٨ شهراً	المنشطة الاولى + الشلل المنشطة + الانفلونزا المنشطة
٤-٦ سنوات	المنشطة الثانية (للأطفال) + الشلل المنشطة + الحصبة + الحصبة الالمانية والنكاف الثانية
١٣-١٦ سنة	التيتانوس والدفتريا المنشطة الثالثة (للبالغين)

١١-١٣ سنة الاطفال من سن الاول الإعدادي (الصف السابع) يراجع رتبة الحصبة الالمانية يعطى تطعيم الحصبة والحصبة الالمانية والنكاف للبنات اللواتي ليس لديهن وثيقة تطعيم ضد الحصبة الالمانية.

Immunization Schedule

Age	Type of Vaccine
At Birth	BCG and HBV1
2 Months	HBV2, DPT1, OPV1, Hib1
4 Months	DPT2, OPV2, Hib2
6 Months	DPT3, OPV3, Hib3, HBV3
12 Months	MMR1, Varicella
18 Months	DPT1B, OPV1B, HibB
4 - 6 Years	DT (peds) 2B, OPV2B, MMR2
13 - 16 Years	Td (adult) 3B

11 - 13 Years (7th grade) check Rubella status, Give MMR vaccine to those girls who do not have documentation of Rubella Vaccine.

شهادة ميلاد

اسم المولود منيرة

الجنس انثى

تاريخ الميلاد بالأرقام ٢٠٠٥/١٢/٢٤

تاريخ الميلاد بالحروف الرابع و العشرون من ديسمبر عام ألفين وخمسة

محل الميلاد مستشفى الولادة، الدوحة

اسم الأب عبدالعزيز محبوب سعيد محبوب المهندي

ديانة الأب مسلم

جنسية الأب قطري

اسم الأم نوره سيف حمد الرواحي

ديانة الأم مسلمة

جنسية الأم قطرية بحكم الزواج

رقم التسجيل ٢٠٠٥ / ١٣٩٤٨

تاريخ التسجيل ٢٠٠٥/١٢/٢٨

أشهد أن ما ورد أعلاه هو نقل صحيح من سجل مواليد إدارة الصحة الوقائية بالدوحة - دولة قطر

مدير إدارة الصحة الوقائية



مسئول التسجيل

كسما

د. إبراهيم عبده الشمير

PCV 0.5ml @ High 5/7/06 R. DESTON N

ملاحظات Remarks		التاريخ والتوقيع Date & Sign.			التحصين ضد Imm. Against
ملاحظات Remarks	ثالثة 3 rd	ثانية 2 nd	جرعة أولى 1 st		
				25/12/05 S. Sannab	الصدون BCG
		24/4/06 ey	24/12/05 S. Sannab		التهاب كبدي (ب) HBV
		5/7/06	24/4/06		الدفتريا السعال الديكي DPT + Hib
		H. DESTON ey	ey		شلل الأطفال Polio Drops OPV
		5/11/06 H. DESTON ey	24/4/06 ey		هـ انفلونزا (ب) H. Influenzae (b)
		5/11/06 H. DESTON ey	24/4/06 ey		الحصبة / النكاف M.M.R.1 / Varicella
			31/7/2007		الحصبة / النكاف الحصبة الألمانية M.M.R.2

ملاحظات Remarks	التاريخ والتوقيع Date & Sign.		رقم التسجيل Reg. No.	التحصين ضد Imm. Against
	ثانية 2 nd	جرعة أولى 1 st		
				الثلاثي DPT
				شلل الأطفال Polio Drops OPV
				الثلاثي D. T. OPV
				النكاف Mumps
				تيتانوس Tetanus
				الحصبة الألمانية Rubella

04536 051121 2
Screeningzentrum Heidelberg
Im Neuenheimer Feld 150
69120 Heidelberg
0622156-8278
QDOHAW5

الحساسية لـ
Allergies

مختار التوبر كلينج
BIRTH WEIGHT : 2100g
Investigations: (القصوى)
MCTADIC SCREENING
31/7/2007



Academic Year 2021-2022

Reporting Period: January 2022

**Student's name: Muneera Abdulaziz AlMuhannadi
Student's form group: 11BKA**

Term 1

Subjects	Grade A*-U / 9-1
Arabic First Language IGCSE	B
English First Language IGCSE	D
Islamiyat IGCSE	B
Mathematics IGCSE	5
Physical Education IGCSE	D
Science Double Award IGCSE	6/6

Signature: 

**Ms L. Gonzalès
Head of Secondary**



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

H.C. No.: **HC00565691** الرقم الصحي: **البطاقة الصحية**
Health Card

الإسم: **منيرة عبدالعزيز محبوب المهندي**
Name: **MUNEERA ABDULAZIZ MAHBOUB AL-MOHANNAD**
تاريخ الميلاد: **24/12/2005**
Date of Birth:
الجنسية: **قطرية**
Nationality: **Qatari**
الرقم الشخصي: **30563406247**
ID No:

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

الأعضاء المرضعة المسجلين
MED

HC NUMBER: **HC00565691**
NAME : **MUNEERA ABDULAZIZ MAHBOUB AL-**
NATIONALITY : **Qatari**
DOB : **24/12/2005**
GENDER : **Female**
HC Expiry : **01/03/2025**

الإصدار: **30/4/2019**
Location:

State of Qatar
ID. Card



دولة قطر
بطاقة إثبات شخصية



ID. No: 27963402111 الرقم:

D.O.B. 29/01/1979 تاريخ الميلاد:

Nationality: QATAR / قطري الجنسية:

Date of expiry: 28/09/2029 الصلاحية:



الإسم: عبدالعزيز محبوب سعيد محبوب المهدي

Name: ABDULAZIZ MAHBOB S M ALMUHANNADI

منطقة 74 - شارع 670 - مبنى 35

العنوان:

Serial No: 4397770DDA0A2495

الرقم المسلسل:

مدير إدارة الجنسية و وثائق السفر
Authority's signature

توقيع حامل البطاقة
Holder's signature



State of Qatar
ID. Card



دولة قطر
بطاقة إثبات شخصية



الرقم: ID No: 28051200111

تاريخ الميلاد: D.O.B. 10/03/1980

الجنسية: QATAR / قطريه

الصلاحية: Date of expiry: 20/11/2031



الإسم: نوره سيف حمد الرواحي

Name: NOURA SAIF H ALRWABI

منطقة 74 - شارع 670 - مبنى 35

العنوان:

Serial No: 43565A0F3A102482

الرقم المسلسل:

مدير إدارة الجنسية و وثائق السفر
Authority's signature

توقيع حامل البطاقة
Holder's signature

نورا





Academic Year 2021-2022

Mock Examination March 2022

Student's name: Muneera Abdulaziz AlMuhannadi

Student's form group: 11BKA

Subjects	Grades A-U
Arabic First Language IGCSE	C
English First Language IGCSE	B
Islamiyat IGCSE	A
Mathematics IGCSE	5
Physical Education IGCSE	E
Science Double Award IGCSE	6/6

Signature: _____

Ms L. Gonzalès
Head of Secondary



Cambridge Assessment International Education

Electronic Statement of Results

IGCSE

Candidate Name	Date of Birth	Centre / Cand. No.
MUNEERA ABDULAZIZ ALMUHANNADI	24/12/2005	QA071 / 1213
Centre Name	Series	
Nord Anglia International School Al Khor	June 2022	

IGCSE

Syllabus	Syllabus Title	Result
0413	PHYSICAL EDUCATION	F(f)
0493	ISLAMIYAT	E(e)
0500	FIRST LANGUAGE ENGLISH	C(c)
0508	FIRST LANGUAGE ARABIC	D(d)

This is an electronic statement of results. Cambridge Assessment International Education reserves the right to amend the information on this statement. Results will be confirmed by the issue of a certificate.

See our website for more information about results: <https://www.cambridgeinternational.org/results>



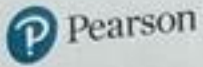
E. Lams

THIS IS NOT A CERTIFICATE



Date Printed:

17 August



16/08/2022

CANDIDATE STATEMENT OF PROVISIONAL RESULTS
INTERNATIONAL GENERAL CERTIFICATE OF SECONDARY EDUCATION
JUNE 2022 EXAMINATION

CENTRE No. AND NAME	92432	NORD ANGLIA INTERNATIONAL SCHOOL AL KHOR		
CANDIDATE No. AND NAME	1213	ALMUHANNADI: MUNEERA ABDULAZIZ		
DATE OF BIRTH	24/12/2005	UNIQUE CANDIDATE IDENTIFIER	92432B221213F	
RESULT TYPE	EXAM SESSION	SUBJECT	TITLE	RESULT
AWARD		4MA1	MATHEMATICS A	141/200 5 (five)
AWARD		4SD0	SCIENCE (DOUBLE AWARD)	138/330 6-5 (six-five)

END



E. Lems



[Handwritten signature]



16/08/2022

CANDIDATE STATEMENT OF PROVISIONAL RESULTS
INTERNATIONAL GENERAL CERTIFICATE OF SECONDARY EDUCATION
JUNE 2022 EXAMINATION

CENTRE No. AND NAME	92432	NORD ANGLIA INTERNATIONAL SCHOOL AL KHOR		
CANDIDATE No. AND NAME	1213	ALMUHANNADI: MUNEERA ABDULAZIZ		
DATE OF BIRTH	24/12/2005	UNIQUE CANDIDATE IDENTIFIER	92432B221213F	
RESULT TYPE	EXAM SESSION	SUBJECT	TITLE	RESULT
AWARD		4MA1	MATHEMATICS A	141/200 5 (five)
AWARD		4SD0	SCIENCE (DOUBLE AWARD)	138/330 6-5 (six-five)

END





Academic Year 2021-2022

Reporting Period: March 2022

Student's name: Muneera Abdulaziz AlMuhannadi
Student's form group: 11BKA

Term 2

Subjects	Grade A*-U / 9-1
Arabic First Language IGCSE	C
English First Language IGCSE	C
Islamiyat IGCSE	A
Mathematics IGCSE	5
Physical Education IGCSE	D
Science Double Award IGCSE	4/3



[Handwritten Signature]



Signature: *[Handwritten Signature]*
Ms L. Gonzales
Head of Secondary
T: 00974 4437 9600
E: infoalkhor@nais.qa