

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 RAAHIM	Date of Birth (DD/MM/YYYY): 13-11-2013
Place of Birth (City/ State): LAHORE / PAKISTAN	Country of Birth: PAKISTAN
Passport No.: JS9159703	Nationality: PAKISTANI
Qatar ID No.: 31358601605	HMC Medical Card No.: HC03425965
Religion: (required by MOEHE) Muslim <input checked="" type="checkbox"/> Christian <input type="checkbox"/> Other <input type="checkbox"/>	Year Group/ Class requested for admission: GRADE - 5

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

The child speaks mainly in **URDU / 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: 2022-2023
School Address: NIS LAGOON BRANCH	
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.:	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: Faisal Idrees	Relationship: Father	Tel No(s).: 55756202
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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.

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.

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.

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: _____

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: 21/3/2023

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

Name of Parent (In BLOCK letters)

[Signature]



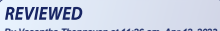
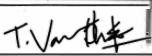
Signature

21/3/2023

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 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



Tel : 4452 3434
Fax : 4473 6345
Ref. : PA/16395/mb
Date : 12 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 Raahim Faisal (Date of Birth: 13 November 2013) 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

Abdul Rahman Abdul Khader Al-Saiari

Abdulrahman Al-Saiari
A/ HEAD OF PERSONNEL ADMINISTRATION

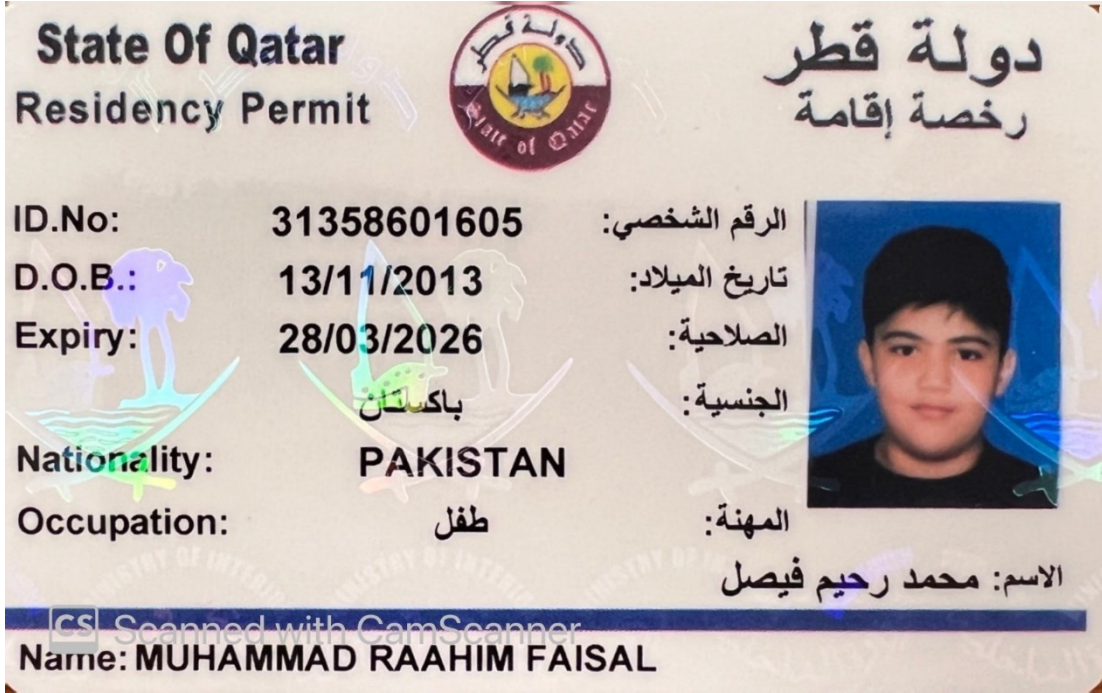


State Of Qatar
Residency Permit

دولة قطر
رخصة إقامة

ID.No: 31358601605 الرقم الشخصي:
D.O.B.: 13/11/2013 تاريخ الميلاد:
Expiry: 28/03/2026 الصلاحية:
باكستان الجنسية:
Nationality: PAKISTAN
Occupation: طفل المهنة:
الاسم: محمد رحيم فيصل

Name: MUHAMMAD RAAHIM FAISAL



The image shows a Qatar Residency Permit card for a young boy named Muhammad Raahim Faisal. The card is bilingual, with English and Arabic text. It includes a circular logo of the State of Qatar at the top center. The card contains personal details such as ID number, date of birth, expiry date, nationality (Pakistan), and occupation (Child). A photograph of the boy is on the right side. The card is stamped with 'Scanned with CamScanner'.

Passport Number: JS9159703 رقم جواز السفر:
Passport Expiry: 06/02/2027 تاريخ انتهاء الجواز:
Serial No: 30731358601605 الرقم الممسلسل:
Residency Type: عائلية نوع الرخصة:
Employer: فيصل ادريس محمد ادريس المستقدم:
مدير عام الإدارة العامة للجوازات توقيع حامل البطاقة
General Director of the General Directorate of Passports Holder's signature

Scanned with CamScanner



The image shows a Qatar passport card for the same young boy. It is also bilingual and contains details like passport number, expiry date, serial number, residency type (Family), and employer (Faisal Adris Muhammad Adris). It includes a photograph of the boy and a signature. The card is stamped with 'Scanned with CamScanner'.



حکومت پنجاب
THE GOVT OF THE PUNJAB



L20746455

اندراج پیدائش سرٹیفکیٹ
Birth Registration Certificate

CRMS No: B300571-17-13247

Form No: L20746455

OLD/M REG #:

دفتر اندراج رشید پورہ

Child's Details

بچے کے کوائف

Name :	MUHAMMAD RAAHIM FAISAL	نام :	محمد راحم فیصل
Date of Birth :	13-November-2013	تاریخ پیدائش :	13-November-2013
Gender :	Male	جنس :	مرد
Religion :	ISLAM	مذہب :	اسلام
District of Birth :	LAHORE	پیدائش کا ضلع :	لاہور

Parental Information

والدین کی معلومات

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

Address

پتہ

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

Applicant's Details

درخواست دہندہ کے کوائف

Name :	FAISAL IDREES	نام :	فیصل ادریس
CNIC No :	42401-7148898-3	شناختی کارڈ نمبر :	42401-7148898-3
Relation of Child :	SON	بچے کا رشتہ :	بیٹا

Entry Date : 20-April-2017

تاریخ اندراج : 20-April-2017

Issue Date : 20-April-2017

تاریخ اجراء : 20-April-2017

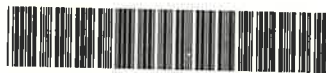
Entry Status : Normal

اندراج اسٹیٹس : نارمل

سیکریٹری یونین کونسل

رشید پورہ 43 ضلع لاہور

SECRETARY
Union Council No 43
Rasheed Pura Lahore



30057110051769

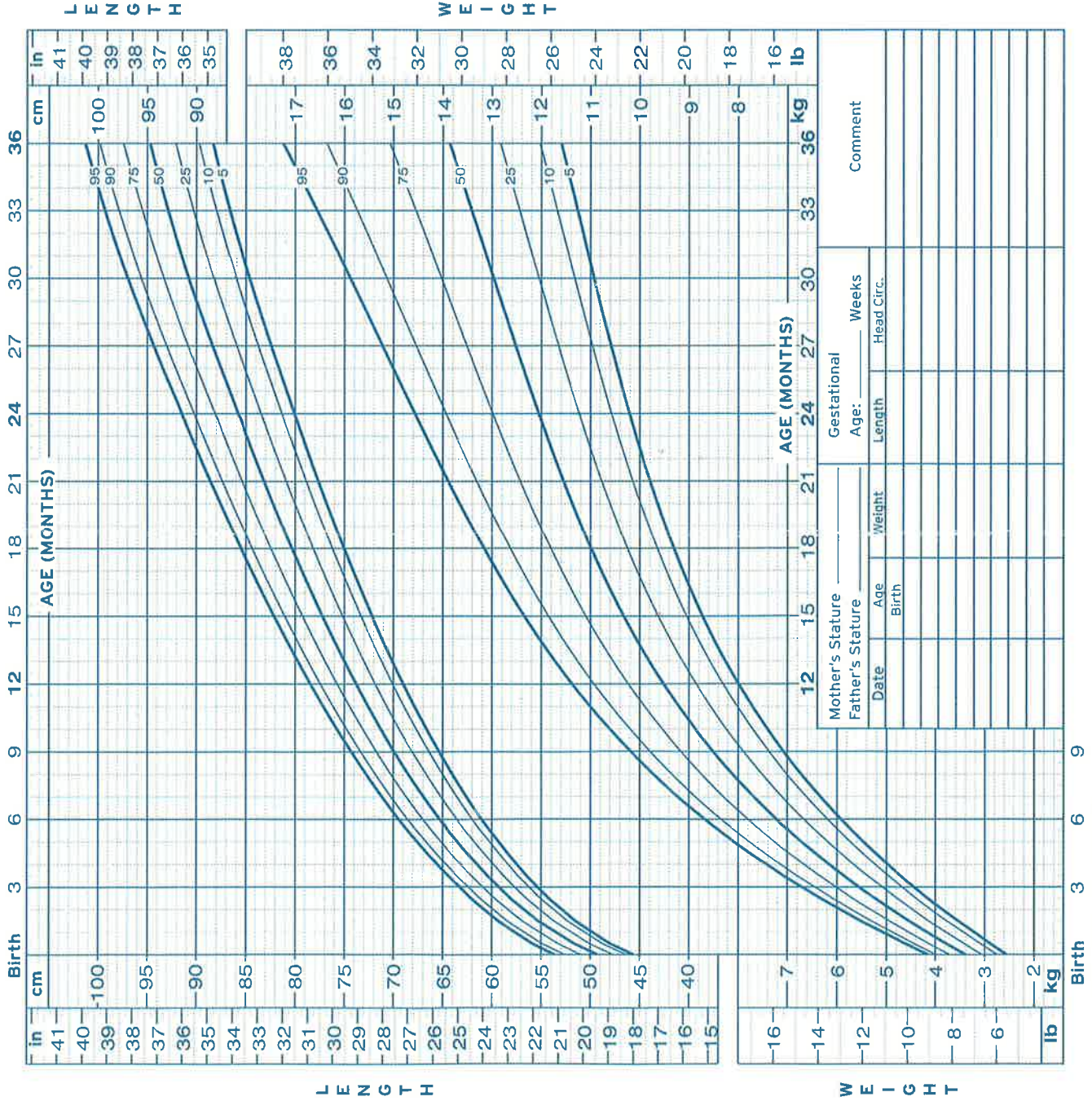
Qatargas Operating Company Ltd.
Doha Medical Center

Immunization Guide and Record

Child Name : Radim Faisal
 Staff No. : RG 6395
 Date of Birth : 13-11-13
 Blood Type : B +ve



Birth to 36 months : Boys Length-for-age and Weight-for-age percentiles



Published May 30, 2000 (modified 4/20/01).
 SOURCE: Developed by the National Center for Health Statistics in collaboration with the National Center for Chronic Disease Prevention and Health Promotion (2000).
<http://www.cdc.gov/growthcharts>




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

H.C. No. : الرقم الصحي: **البطاقة الصحية**
HC03425965 **Health Card**

الإسم: **محمد رحيم فيصل**
Name: **MUHAMMAD RAAHIM FAISAL**
Date of Birth: **13/11/2013** تاريخ الميلاد:
Nationality: **Pakistani** الجنسية: **باكستاني**
ID No: **31358601605** 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

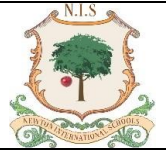


الأعراض المرضية الأساسية **IMPORTANT MEDICAL DATA**

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

BLOOD GROUP: **B+** HEALTH CENT: **74**

تاريخ الإصدار: **28/8/2014** PHC :
Location : **815194FDN**



End of Term 2 Report: March 2023

Student : Muhammad Raahim Faisal	QID : 31358601605	Class : Y4 Red
Class Teacher: Nicole Jenkins	Days Absent: 0	Days Late: 0

Academic Achievement and Development		Effort	
M	Mastery Level	1	Excellent
WD	Well-developed - above the required level	2	Good
P	Proficient – demonstrating a good understanding of the required level	3	Satisfactory
C	Capable - working at the required level	4	Needs Improvement
D	Developing – working towards the required level	5	Cause for Concern

Subjects	Achievement			Effort		
	Term 1	Term 2	Term 3	Term 1	Term 2	Term 3
English -Reading	P	D		1	1	
-Writing	C	C		2	1	
-SPAG	P	P		1	1	
Mathematics	P	P		1	1	
Science	WD	P		1	1	
Information Communication Technology (ICT)	WD	WD		1	1	
History	P	P		1	1	
Geography	P	P		1	1	
Arabic	WD	WD		2	2	
Islamic Studies	M	P		1	3	
History of Qatar	M	M		1	1	
French	WD	M		1	1	
Physical Education (PE)	P	P		2	2	
Music	WD	WD		2	2	
Art & Design	WD	WD		1	1	

Personal and Social Development	Term 1	Term 2	Term 3	Personal and Social Development	Term 1	Term 2	Term 3
Behaviour & Attitude	M	M		Social Awareness	WD	WD	
Relationships with peers	WD	WD		Behaves well in class	WD	M	
Works independently	WD	M		Presentation of work	WD	P	
Self-Awareness	WD	WD		Homework	M	WD	

Teacher's Comments

Raahim is a very capable and friendly student who has worked hard this year. In Mathematics, Raahim can recognise families of equivalent fractions and count in tenths. He can add and subtract fractions with the same denominator and he can convert between fractions and decimals. He has made good progress in Mathematics. In English, Raahim 's reading has shown great progress. He can read all common exception words and is understanding what he has read about. With regards to writing, Raahim has improved his presentation greatly. He now produces pieces of writing which are well-organised and neat. Well done, Raahim. Keep up the hard work!

Targets

- To learn mathematical vocabulary to enable the answering of complex word problems.
- To practise spellings each week to improve accuracy when using them in writing.

Teacher's Signature	SMT Signature
Nicole Jenkins	

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	
		
		
CS Scanned with CamScanner		

State Of Qatar Residency Permit		دولة قطر 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		
CS 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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