

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): Yong	Gender: Male: <input type="checkbox"/> Female: <input checked="" type="checkbox"/>
First Name (as per passport): Zhi Xuan	Date of Birth (DD/MM/YYYY): 28/10/2014
Place of Birth (City/ State): Kuala Lumpur	Country of Birth: Malaysia
Passport No.: A54759620	Nationality: Malaysian
Qatar ID No.: 31445800156	HMC Medical Card No.: HC07700431
Religion: (required by MOEHE) Muslim <input type="checkbox"/> Christian <input type="checkbox"/> Other <input type="checkbox"/> <u>Buddhism</u>	Year Group/ Class requested for admission: Year 3

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

The child speaks mainly in **mandarin** (language) at home.

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

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

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

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

DETAILS OF LAST SCHOOL (if applicable)

School Name: SJK C Bukit Serdang	Year: 2
School Address: Persiaran Lestari Perdana 5, Lestari Perdana, 43300, Seri Kembangan, Selangor, Malaysia	
Syllabus followed in the school: British <input type="checkbox"/> American <input type="checkbox"/> IB <input type="checkbox"/> Other <input type="checkbox"/> (please specify): <u> Malaysia Chinese Medium </u>	

FAMILY INFORMATION

Home Address (in Qatar): Villa B-472 - AKC Al-Khor Housing Community, Al - Khor, P.O.Box 22166, State of Qatar		
SPONSORING PARENT'S INFORMATION		
Name: (as per passport) Yong Weng Kheong		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.: 20777
Qatar ID No.: 28245800397	Nationality: Malaysian	
Mobile No.: +974 5075 8732	Home Tel. No.:	Work Tel. No.:
Work Email Address: ykheong@qatargas.com.qa	Preferred contact: Work <input type="checkbox"/> Personal <input checked="" type="checkbox"/>	
Personal Email Address: yongwengkheong@gmail.com		
OTHER PARENT'S INFORMATION		
Name: (as per passport) Foo Gaik Bee		Father <input type="checkbox"/> Mother <input checked="" type="checkbox"/>
Qatar ID No.: 28345800371	Nationality: Malaysian	
Mobile No.:	Home Tel. No.:	Work Tel. No.:
Email Address: abbyfoo83@gmail.com		

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

Name: Yeoh Mee Lee	Relationship: cousin	Tel No(s).: +6011 1219 6841
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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.

None

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.

None

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: Yong Weng Kheong

Signature: _____ Date: 9/8/2022

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).

Yong Weng Kheong



9/8/2022


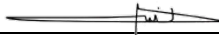
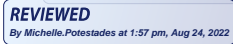

Name of Parent (In BLOCK letters)

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/20777/Q015268
Date : 23.08.2022

TO WHOM IT MAY CONCERN

This is to certify that Mr. Yong Weng Kheong (Staff No:20777) is an employee of Qatargas Operating Company Limited. Employee joined the Company on 13 June 2021.

We confirm that Mr. Yong Weng Kheong is currently residing with family in Company provided accommodation as follows:

Residence Address

Villa B-472 - 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



QID

State Of Qatar
Residency Permit



دولة قطر
رخصة إقامة

ID.No: 31445800156 الرقم الشخصي:
D.O.B.: 28/10/2014 تاريخ الميلاد:
Expiry: 13/07/2023 الصلاحية:
Nationality: MALAYSIA الجنسية: ماليزيا
Occupation: طالبة المهنة:



الاسم: يونغ اكسان

Name: YONG ZHI XUAN

Passport Number: A54759620 رقم جواز السفر:
Passport Expiry: 08/11/2026 تاريخ انتهاء الجواز:
Serial No: 30131445800156 الرقم المسننل:
Residency Type: عقلية نوع الرخصة:
Employer: يونغ ونغ خيونغ الممتقدم:
مدير عام الإدارة العامة للجوازات
General Director of the General
Directorate of Passports توقيع حامل البطاقة
Holder's signature



Birth Certificate

 		KERAJAAN MALAYSIA GOVERNMENT OF MALAYSIA SIJIL KELAHIRAN BIRTH CERTIFICATE				 141028-14-0494	
Kaedah-Kaedah Pendaftaran Kelahiran dan Kematian 1958 (Kaedah 7) <small>Birth and Death Registration Rules 1958 (Rule 7)</small>				No. Daftar Register No. DB 28837			
Kawasan Pendaftaran Registration Area MALAYSIA BARAT				Pusat Pendaftaran Registration Centre JPN SEPUTEH			
KANAK-KANAK / CHILD							
Nama Penuh Full Name YONG ZHI XUAN							
Tarikh dan Waktu Kelahiran Date and Time of Birth 28 OKTOBER 2014 03:52 AM				Tempat Kelahiran Place of Birth PANTAI HOSPITAL CHERAS KUALA LUMPUR			
Keturunan Race CINA							
Taraf Kewarganegaraan Status of Citizenship WARGANEGARA		Jantina Gender PEREMPUAN		Agama Religion BUDDHA			
BAPA / FATHER							
Nama Name YONG WENG KHEONG							
No. Kad Pengenalan Identity Card No. 820414 - 05 - 5145		Umur Age 32 TAHUN		Jenis dan No. Dokumen Lain Types and No. of Other Document Maklumat Tidak Berkemungkinan			
Taraf Kewarganegaraan Status of Citizenship WARGANEGARA							
Taraf Pemastautin Status of Residence Maklumat Tidak Berkemungkinan		Keturunan Race CINA		Agama Religion BUDDHA			
IBU / MOTHER							
Nama Name FOO GAIK BEE							
No. Kad Pengenalan Identity Card No. 830915 - 07 - 5100		Umur Age 31 TAHUN		Jenis dan No. Dokumen Lain Types and No. of Other Document Maklumat Tidak Berkemungkinan			
Taraf Kewarganegaraan Status of Citizenship WARGANEGARA							
Taraf Pemastautin Status of Residence Maklumat Tidak Berkemungkinan		Keturunan Race CINA		Agama Religion BUDDHA			
Alamat Tempat Tinggal Residence Address NO 12 JALAN LEP 3/9 TAMAN LESTARI PUTRA BANDAR PUTRA PERMAI 43300 SERI KEMBANGAN SELANGOR							
PEMAKLUM / INFORMANT							
Nama Name YONG WENG KHEONG							
No. Kad Pengenalan Identity Card No. 820414 - 05 - 5145				Jenis dan No. Dokumen Lain Types and No. of Other Document Maklumat Tidak Berkemungkinan			
Tarikh Pendaftaran Date of Registration 04 NOVEMBER 2014				Disahkan bahawa maklumat di atas adalah seperti yang dicatat dalam Daftar Kelahiran. Certified as a true extract from the Register of Births.			
				 PENDAFTAR BESAR KELAHIRAN & KEMATIAN MALAYSIA <small>REGISTRAR GENERAL</small> <small>BERKUALITI & BERKEMAMPUAN</small>			

STATE OF QATAR دولة قطر
 Ministry of Foreign Affairs وزارة الخارجية

No.: 2022158000357/1
 الرقم: 2022158000357/1

Date: 26/04/2022 التاريخ: 26/04/2022

In - من: Amount: 150 MYR المبلغ: 150 MYR
 كوالالمبور YONG ZHI XUAN

نصادق على صحة الختم والتوقيع لـ
 وزارة الخارجية الماليزية
 دون ائتم مسؤولية عن المحتويات
 03596290



This is to certify that the signature appears on this document/Certificate/Marriage Certificate/Birth/Death Certificate is that of **DATO' SULAIMAN BIN H.L. KELI** from National Registration Department is The Ministry of Foreign Affairs. Ministry is not responsible of the accuracy of the information contained therein.

SJK (C) BUKIT SERDANG

Bil. Pendaftaran : BSA 016/2021

Terikh Pendaftaran : 1-3-2021

Tahun Persekolahan : 2021

Tarikh Pengesahan : 4-8-2020



MADAH
 Cawangan Kuala Lumpur




Mahathir Mohd Ya
 Consular Officer
 Consular Division
 Ministry of Foreign Affairs
 Putrajaya Malaysia
 22 FEB 2022

Vaccination Record

JADUAL DAN REKOD IMUNISASI

Umur	Vaksin	Tarikh	No. Batch	Tandatangan
Lahir	BCG	} 28.10.14		Mosp
	Hepatitis B (dos 1)			Renta
1 bulan	Hepatitis B (dos 2)	1/12/14	UFA 13036 8/16	ROSMAZITA BT AYOB JURURAWAT MASYARAKAT UTA
2 bulan	DTaP/DT (dos 1)	} 21/12/14	} L4090 1 3/16	} h
	Hib (dos 1)			
	IPV (dos 1)			
3 bulan	DTaP/DT (dos 2)	} 28/1/15	} L 431 1 9/16	} NURAZURA BT AYOB JURURAWAT MASYARAKAT UTA
	Hib (dos 2)			
	IPV (dos 2)			
5 bulan	DTaP/DT (dos 3)	} 30/3/15	} L- 2182-1 (10/16)	} Jim Ngali
	Hib (dos 3)			
	IPV (dos 3)			
6 bulan	Hepatitis B (dos 3)	6/5/15	UFA 14013 (9/17)	Jufanny
	Measles (Sabah)	-		
9 bulan	JE (dos 1) (Sarawak)	-		
10 bulan	JE (dos 2) (Sarawak)	-		
12 bulan	MMR	28 OCT 2015	Amjka 977AA 11/17	Al Fael
18 bulan	DTaP/DT (booster)	} 2/1/16	} KOAG 621M 11/17	} Jm Daph
	IPV (booster)			
	Hib (booster)			
	JE (dos 3) (Sarawak)			
Lain-lain (nyatakan)	Ciprox ① 15/6/17 ② 15/9/17			

REKOD KESIHATAN BAYI DAN KANAK-KANAK





MALAYSIA

**SIJIL DIGITAL
VAKSINASI COVID-19**
DIGITAL CERTIFICATE for COVID-19
VACCINATION

MAKLUMAT PENERIMA VAKSIN / VACCINEE DETAILS

Nama / Name

Yong Zhi Xuan

Warganegara / Nationality

Malaysian

No. Kad Pengenalan / Identity No.

141028140494

No. Pasport / Passport No.

141028140494

Tarikh Lahir / Date of Birth

28-Oct-2014

Kementerian Berkuasa / Authority Ministry

KEMENTERIAN KESIHATAN (MINISTRY OF HEALTH)

Negara Pengeluar / Issuing Country

MALAYSIA

Tarikh Dikeluarkan / Date Issued

13-Jul-2022

Page 1 of 1

MAKLUMAT VAKSINASI / VACCINATION DETAILS

Dose 1 of 2



Tarikh Divaksin / Date of Vaccination

12-Feb-2022

Pusat Pemberian Vaksin / Vaccination Center

PPV Offsite IOI City Tower 1

Nama Produk / Product name

Comirnaty

Nama Umum / Common Name

Pfizer (Children)

Pengeluar / Manufacturer

Biontech Manufacturing GmbH

Jenis Vaksin / Vaccine Type

SARS-CoV-2 mRNA vaccine

No. Lot / Batch No.

FN4075

Dose 2 of 2



Tarikh Divaksin / Date of Vaccination

13-Apr-2022

Pusat Pemberian Vaksin / Vaccination Center

KLINIK KELUARGA EQUINE

Nama Produk / Product name

Comirnaty

Nama Umum / Common Name

Pfizer (Children)

Pengeluar / Manufacturer

Biontech Manufacturing GmbH


Jenis Vaksin / Vaccine Type


SARS-CoV-2 mRNA vaccine

No. Lot / Batch No.

FP8290

Attested copy of most recent school report

**雪兰莪州沙登岭华文学校**
SEKOLAH JENIS KEBANGSAAN CINA BUKIT SERDANG
Persiaran Lestari Perdana 5
Lestari Perdana
43300 Seri Kembangan
Selangor Darul Ehsan


Tel : 016-3266563
Faks : -
Emel : bbc8423@btpnseledu.my
BBC8423@moe.edu.my
Kod Sekolah : BBC 8423

Ruj. Kami : SJKCBS.700-8/1/3
Tarikh : 27 Jun 2022

To whom it may concern

LETTER OF STUDENT STATUS CONFIRMATION

Dear Sir/Madam,

I hereby confirm that **Yong Zhi Xuan**, IC number **141028140494** is a student of **SJKC BUKIT SERDANG** from year 2021.

Yong Zhi Xuan had successfully completed standard 1 in February 2022. She continues her study in standard 2 in class 2C in March 2022 and will end in 30 June 2022.


“WAWASAN KEMAKMURAN BERSAMA 2030”

“BERKHIDMAT UNTUK NEGARA”

Saya yang menjalankan amanah,



(NG YOKE KHUAN)
HEADMASTER
SJKC Bukit Serdang
43300 Seri Kembangan
Selangor

This is to certify that the signature appears on this document/Certificate/Marriage Certificate/Birth/Death Certificate is that of **ZARIANA ABDULLAH** who is **Ministry Of Education**. The Ministry of Foreign Affairs, Malaysia is not responsible of the accuracy of the information contained therein.

**Nor Azua Sulaimi**
Consular Officer
Consular Division
Ministry of Foreign Affairs
Putrajaya Malaysia
27 JUN 2022

CERTIFIED TRUE COPY

ZARIANA BINTI ABDULLAH
School Management Division
Ministry Of Education Malaysia



STATE OF QATAR دولة قطر
Ministry of Foreign Affairs وزارة الخارجية

No.: 2022001111906/1 الرقم:
Date: 09/08/2022 التاريخ:
Amount: 100 QAR السعر:
In - في: Zong Zhi Xuan
الدولة
بصادق على صحة الختم والتوقيع لـ:
سفارة دولة قطر في كوالالمبور
دون ادنى مسؤولية عن المحتويات
02591428

STATE OF QATAR دولة قطر
Ministry of Foreign Affairs وزارة الخارجية

No.: 202215800548/1 الرقم:
Date: 27/06/2022 التاريخ:
Amount: 150 MYR السعر:
In - في: YONG ZHI XUAN
كوالالمبور
تصادق على صحة الختم والتوقيع لـ:
وزارة الخارجية الماليزية
دون ادنى مسؤولية عن المحتويات
08596745

Hamad Medical Card



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

H.C. No. : **HC07700431** الرقم الصحي: **البطاقة الصحية**
Health Card

الإسم: **يونق اكسان**
Name: **YONG ZHI XUAN**
تاريخ الميلاد: **28/10/2014**
Date of Birth: **28/10/2014**
الجنسية: **ماليزية**
Nationality: **Malaysian**
الرقم الشخصي: **31445800156**
ID No: **31445800156**

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: **O+** HEALTH CENTRE: **75**

تاريخ الإصدار: **9/8/2022**
PHC : **68842KRN**
Location :

Sponsor QID

State Of Qatar
Residency Permit

دولة قطر
رخصة إقامة

ID.No: 28245800397 **الرقم الشخصي:**

D.O.B.: 14/04/1982 **تاريخ الميلاد:**

Expiry: 13/06/2024 **الصلاحية:**

Nationality: **MALAYSIA** **الجنسية:** ماليزيا

Occupation: **مهندس ميكانيكي** **المهنة:**

الاسم: يونغ ونغ خيونغ

Name: YONG WENG KHEONG



Passport Number: A55227460 **رقم جواز السفر:**

Passport Expiry: 21/10/2026 **تاريخ انتهاء الجواز:**

Serial No: 3012845800397 **الرقم الممسلسل:**

Residency Type: عمل **نوع الرخصة:**

Employer: شركة قطر غاز للتشغيل المحدوده **المستقدم:**

مدير عام الإدارة العامة للجوازات **توقيع حامل البطاقة**
General Director of the General **Holder's signature**
Directorate of Passports



Other Parent QID

State Of Qatar
Residency Permit



دولة قطر
رخصة إقامة

ID.No: 28345800371 : الرقم الشخصي:
D.O.B.: 15/09/1983 : تاريخ الميلاد:
Expiry: 13/07/2023 : الصلاحية:
مليزيا : الجنسية:
Nationality: MALAYSIA
Occupation: ربة منزل : المهنة:



الاسم: فوو بي

Name: FOO GAIK BEE

Passport Number: A54759619 : رقم جواز السفر:
Passport Expiry: 08/11/2026 : تاريخ انتهاء الجواز:
Serial No: 30128345800371 : الرقم المسلسل:
Residency Type: عائلية : نوع الرخصة:
Employer: يونغ ونغ خونغ : المستقدم:
مدير عام الإدارة العامة للجوازات
General Director of the General
Directorate of Passports : توقيع حامل البطاقة
Holder's signature



