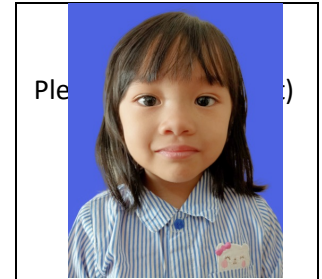


REGISTRATION FORM - AKIS British Curriculum

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):	Gender: Male: <input type="checkbox"/> Female: <input checked="" type="checkbox"/>
First Name (as per passport): KHAYRA ASHEEQA EVANDI	Date of Birth (DD/MM/YYYY): 25/08/2019
Place of Birth (City/ State): AL KHOR HOSPITAL	Country of Birth: QATAR
Passport No.: C4060477	Nationality: INDONESIA
Qatar ID No.: 31936000078	HMC Medical Card No.: HC05819689
Religion: (required by MOEHE) Muslim <input checked="" type="checkbox"/> Christian <input type="checkbox"/> Other <input type="checkbox"/> _____	Year Group/ Class requested for admission: Foundation Stage 2023

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

The child speaks mainly in Bahasa indonesia (language) at home.

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

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

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

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

DETAILS OF LAST SCHOOL (if applicable)

School Name: N/A	Year:
School Address:	
Syllabus followed in the school: British <input type="checkbox"/> American <input type="checkbox"/> IB <input type="checkbox"/> Other <input type="checkbox"/> (please specify): _____	

FAMILY INFORMATION

Home Address (in Qatar): Al Khor Community Flat C-22013 P.O box 22166		
SPONSORING PARENT'S INFORMATION		
Name: (as per passport) SELAMET HARIADI		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.: 16246
Qatar ID No.: 28036007167	Nationality: INDONESIA	
Mobile No.: 66332752	Home Tel. No.: 40378376	Work Tel. No.:
Work Email Address: shariadi@qatargas.com.qa Personal Email Address: Mr.hariadi@gmail.com		Preferred contact: Work <input type="checkbox"/> Personal <input checked="" type="checkbox"/>
OTHER PARENT'S INFORMATION		
Name: (as per passport) EVA ANWARIATUL FUADAH		Father <input type="checkbox"/> Mother <input checked="" type="checkbox"/>
Qatar ID No.: 28436006865	Nationality: INDONESIA	
Mobile No.: 33230278	Home Tel. No.: 40378376	Work Tel. No.:
Email Address: eva.hariadi04@gmail.com		

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

Name: SYOFIE SRI ERNAWATI	Relationship: Neighbor	Tel No(s).: 33645945
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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 2

IF YES, PLEASE PROVIDE DETAILS BELOW:

Name	Year	House
FATIH KHALIF EVANDI	YEAR 5	Socrates
JASMINE TANISHA EVANDI	YEAR 3	Socrates

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: SELAMET HARIADI

Signature:  _____

Date: 09-03-2023

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).

SELAMET HARIADI



09-03-2023



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 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:			



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



Tel. : 4452 3222
Fax : 4473 6345
Ref. : PA/16246/Q015466
Date : 22.02.2023

TO WHOM IT MAY CONCERN

This is to certify that Mr. Selamat Hariadi (Staff No:16246) is an employee of Qatargas Operating Company Limited. Employee joined the Company on 25 August 2013.

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

Residence Address

Flat C-22013 - 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		دولة قطر
Residency Permit		رخصة إقامة
ID.No:	31936000078	الرقم الشخصي:
D.O.B.:	25/08/2019	تاريخ الميلاد:
Expiry:	13/11/2025	الصلاحية:
Nationality:	اندونيسيا INDONESIA	الجنسية:
Occupation:	طالبة	المهنة:
		الاسم: كاريا اشيك ايفاند
Name: KHAYRA ASHEEQA EVANDI		

Passport Number:	C4060477	رقم جواز السفر:
Passport Expiry:	25/10/2024	تاريخ انتهاء الجواز:
Serial No:	30131936000078	الرقم الممثل:
Residency Type:	عقلية	نوع الرخصة:
Employer:	سلامت هريادي	المستخدم:
مدير عام الإدارة العامة للجوازات General Director of the General Directorate of Passports	توقيع حامل البطاقة Holder's signature	
		
		

Baby Name KHAYRA ASHEEQA EVANDI
Sex Female
Date of Birth 25/08/2019 (24/12/1440)
Date of Birth in Words TWENTYFIFTH OF AUGUST TWO THOUSAND NINETEENTH
Place of Birth AL KHOR HOSPITAL - QATAR
Father's Name SELAMET HARIADI
Religion MUSLIM
Nationality of Father INDONESIA
Mother's Name EVA ANWARIATUL FUADAH
Religion MUSLIM
Nationality of Mother INDONESIA
Registration Number 018675/2019
Registration Date 01/09/2019 12.09 PM

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



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

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

Zainab
Registerer
zhasan

Director of the Public Health



مدير ادارة الصحة العامة

مسئول التسجيل

Baby Name KHAYRA ASHEEQA EVANDI
 Sex Female
 Date of Birth 25/08/2019 (24/12/1440)
 Date of Birth in Words TWENTYFIFTH OF AUGUST TWO THOUSAND NINETEENTH

جدول التحصينات
 Immunization Schedule

التوقيع والملاحظات Signature and Remarks	التاريخ Date			الحصين ضد Imm. Against
	الثالثة 3rd	الثانية 2nd	الجرعة الاولى 1st	
			BCG 0.05ml ID 27/8/2019 FA	الجدرن BCG
			25/8/19	الكبدى الفيروسي (ب) Hep B
		06/07/20 - Hesty IM/RT - 2585/047E		الخماسي PENTA
		06/07/20 - Hesty PO - R31C90		شلل الاطفال الفموي OPV
	06/07/20 IM/RT A# 3443 - Hesty	4/5/2020 IM/RT	4/5/2020 IM/RT	المكورات الرئوية PCV
				الفيروسات العجلية ROTA virus
	4/5/2020 IM/RT LT		8/1/2020 R3M	السداسي HEXA

PENTA (الخماسي): الكبد الفيروسي (ب) HBV, الدفتيريا, التيتانوس, السعال الديكي DTP, هيومفلس انفلونزا Hib
 HEXA (السداسي): الكبد الفيروسي (ب) HBV, الدفتيريا, التيتانوس, السعال الديكي DTaP, هيومفلس انفلونزا Hib, شلل الاطفال المعطل IPV
 TETRA (الرباعي): السعال الديكي DTaP, هيومفلس انفلونزا Hib, الحصبة الألمانية Rubella, النكاف Mumps
 MMR : الحصبة الألمانية, الحصبة الألمانية Rubella, النكاف Mumps



التوقيع والملاحظات Signature and Remarks	التاريخ Date		الحصين ضد Imm. Against
	الثانية 2nd	الجرعة الاولى 1st	
	Lot S011044 19/4/2021	14/10/20 - Hs 1m/20	الكبد الوبائي (أ) Hep A
	Lot - S030664 19/4/2021	14/10/20 - Hs 5c/20	MMR
		14/10/20 - Hs 5c/20	الجديري المائي Varicella
		Lot 2858 x 0568 19/4/21	الرباعي - Tetra
			لمخورات الرئوية المنشطة - PCV B
		1860088 19/4/21	شلل الاطفال الفموي - OPV B
			الثلاثي المنشطة - DTaP B
			الثاني - Td
			تيتانوس - Tetanus
			Others

Aller
تأسيقية

الخط الساخن - Hotlines
(عربي) ٦٦٧٤٠٩٥ - 66740951 (English)



مؤسسة حمد الطبية
Hamad Medical Corporation

HEALTH | EDUCATION | RESEARCH | صحة | تعليم | بحوث

H.C. No. : الرقم الصحي: **البطاقة الصحية**
HC05819689 **Health Card**

الإسم: **كاريا اشيك افغاند**
Name: **KHAYRA ASHEEQA EVANDI**
Date of Birth: **25/8/2019** تاريخ الميلاد:
Nationality: **Indonesian** الجنسية: **اندونيسية**
ID No: **31936000078** 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



الأمراض المزمنة (التي يجب الإبلاغ عنها)

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

BLOOD GROUP: **O+**

HEALTH CENTER **75**

تاريخ الإصدار
18/2/2021

PHC :
Location : **60764KRN**

State Of Qatar Residency Permit			دولة قطر رخصة إقامة
ID.No:	28036007167	الرقم الشخصي:	
D.O.B.:	29/05/1980	تاريخ الميلاد:	
Expiry:	24/08/2023	الصلاحية:	
Nationality:	اندونيسيا INDONESIA	الجنسية:	
Occupation:	مشغل آلة	المهنة:	
			الاسم: سلامت هريادي
Name: SELAMET HARIADI			

Passport Number:	B4811475	رقم جواز السفر:
Passport Expiry:	12/12/2021	تاريخ انتهاء جواز:
Serial No:	3052803600/167	الرقم المسجل:
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	
		
		

Passport Number:	B8717232	رقم جواز السفر:
Passport Expiry:	11/03/2023	تاريخ انتهاء الجواز:
Serial No:	30428436006865	الرقم المسلسل:
Residency Type:	عقلية	نوع الرخصة:
Employer:	سلامت هريادي	المستقدم:
مدير عام الإدارة العامة للجوازات General Director of the General Directorate of Passports	توقيع حامل البطاقة Holder's signature	
		
		

State Of Qatar		دولة قطر
Residency Permit		رخصة إقامة
ID.No:	28436006865	الرقم الشخصي:
D.O.B.:	14/02/1984	تاريخ الميلاد:
Expiry:	25/05/2025	الصلاحية:
	اندونيسيا	الجنسية:
Nationality:	INDONESIA	
Occupation:	ربة منزل	المهنة:
		الاسم: ايفا فوادا
Name: EVA ANWARIATUL FUADAH		