

REGISTRATION FORM - AKIS British Curriculum

FOR OFFICE USE ONLY – To be completed by the Admissions Office

Academic Year: 2023	
Admission Number:	Date of Admission: 5 March, 23
Admitted into Year:	House: C220 12
New Admission <input checked="" 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): PERMADHI	Gender: Male: <input type="checkbox"/> Female: <input checked="" type="checkbox"/>
First Name (as per passport): SABRINA ZARA	Date of Birth (DD/MM/YYYY): 04 NOVEMBER 2018
Place of Birth (City/ State): BALIKPAPAN	Country of Birth: INDONESIA
Passport No.: C366 0551	Nationality: INDONESIAN
Qatar ID No.: 31836000120	HMC Medical Card No.: HC07601544
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, AUTUMN 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: <u>—</u>	Year: <u>—</u>
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): <u>—</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.

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: BAYU PERMADHI

Signature: 


Date: 5 MARCH 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.

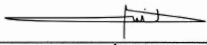
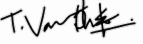
I consent, agree to and understand the following:

- 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).

BAYU PERMADHI  5 MARCH 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 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 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:	RECEIVED By Nusaiba.AbdelmagidEl at 10:04 pm, Mar 18, 2023		
Reviewed by:	REVIEWED By Vasantha Thennavan at 7:29 pm, Apr 11, 2023		
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/6164/Q020720
Date : 16.02.2023

TO WHOM IT MAY CONCERN

This is to certify that Mr. Bayu Permadhi (Staff No:6164) is an employee of Qatargas Operating Company Limited. Employee joined the Company on 25 October 2016.

We confirm that Mr. Bayu Permadhi is currently residing in Company provided accommodation as follows:

Residence Address

Flat C-22012 - AKC Al-Khor Housing Community
Al-Khor
P.O. Box 22166
State of Qatar

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



Saad Rashid Al-Mohannadi
SENIOR PA OPERATIONS SUPERVISOR

State Of Qatar
Residency Permit



دولة قطر
رخصة إقامة

ID.No: 31836000120 : الرقم الشخصي:
D.O.B.: 04/11/2018 : تاريخ الميلاد:
Expiry: 02/12/2025 : الصلاحية:
اندونيسيا : الجنسية:
Nationality: INDONESIA
Occupation: طفلة : المهنة:
الاسم: صابرينا زارا بيرمادهي



Name: SABRINA ZARA PERMADHI

Passport Number:	C3660551	رقم جواز السفر:
Passport Expiry:	10/06/2024	تاريخ انتهاء الجواز:
Serial No:	30131836000120	السرقة المسجل:
Residency Type:	عائلية	نوع الرخصة:
Employer:	بابو بيرمادهي	المستقدم:
مدير عام الإدارة العامة للجوازات General Director of the General Directorate of Passports	توقيع حامل البطاقة Holder's signature	

Nomor Induk Kependudukan : 6471054411180001
Personnel Registration Number

No. AL 7760280204



PENCATATAN SIPIL
REGISTRY OFFICE
WARGA NEGARA INDONESIA
NATIONALITY INDONESIAN
KUTIPAN AKTA KELAHIRAN
EXCERPT OF BIRTH CERTIFICATE

Berdasarkan Akta Kelahiran Nomor 6471-LU-12112018-0024,-

By virtue of Birth Certificate Number

menurut stbd ===== DARI DAFTAR GCCXXVII UNTUK UMUM

in accordance with state gazette

bahwa di BALIKPAPAN, Hari MINGGU JAM 10:45 pada tanggal EMPAT
that in on date FOUR

NOPEMBER tahun DUA RIBU DELAPAN BELAS telah lahir
NOVEMBER on year TWO THOUSAND AND EIGHTEEN was born

====SABRINA ZARA PERMADHI====

anak ke SATU, PEREMPUAN DARI AYAH BAYU PERMADHI DAN IBU NADHILA PASSA
child no FIRST, FEMALE FROM FATHER BAYU PERMADHI AND MOTHER NADHILA
PASSA

Kutipan ini dikeluarkan ..DI KOTA BALIKPAPAN

The excerpt is issued

pada tanggal DUA BELAS NOPEMBER
on date TWELVE of NOVEMBER

TAHUN DUA RIBU DELAPAN BELAS
ON YEAR TWO THOUSAND AND EIGHTEEN

Kepala

PLT. Head of DINAS KEPENDUDUKAN DAN



HASBULLAH HELMI, AP, M.Si

PEMBINA TINGKAT I

NIP. 19760827 199603 1 004

CATATAN KESEHATAN ANAK

CATATAN PENYAKIT DAN MASALAH PERTUMBUHAN-PERKEMBANGAN

Tanggal	Penyakit/Masalah	Tindakan/Rujukan/ Umpan Balik	Keterangan (Nama Pemeriksa, Tempat Pelayanan, Paraf)
14/12/18	BB: 4,78 kg PB: 54 cm karet kumur	- imunisasi BCG 2.1 ml subcut	dr. MOKHAMMAD IKHSAN NURKHOLIS, Sp.A SIP: 026/83A/SIP-D/VI/2017
9/1/19	BB: 5.5 PB: 56.0 Lk: 37	in Prevenir I Basis I	dr. HITTOH FACTORY, Sp.A SIP: 026/69C/SIP-D/IV/2017 Prevenir 13* Pfizer Pneumococcal polysaccharide vaccine (13-valent adsorbed) Lot: A67249 PAA057234
7/2/19	BB: 5,9kg PB: 59,5 cm Lk: 38 - 3 bulan	in Prevenir I Norsing I	Lot: A67249 PAA057234 RotaTeg® Rotavirus Vaccine, Live, Oral, Pentavalent Lot: R016419 Exp.: 03-2020 dr. HITTOH FACTORY, Sp.A SIP: 026/69C/SIP-D/IV/2017
21/3/19	BB: 6.7 PB: 62.6 Lk: 39.	in Imunisasi Korupsi II	dr. HITTOH FACTORY, Sp.A SIP: 026/69C/SIP-D/IV/2017 Infanrix hexa 6 1 dose/dosis (0.5 ml) Hib vaccine to be reconstituted with DTPa-HBV-IPV Vaccin Hib à reconstituer avec DTPa-HBV-IPV Vaccin Hib para reconstituir con DTPa-HBV-IPV Inj./Injec.: I.M. Storage/Cons.: +2°C/+8°C GSK Biologicals s. Rixensart - Belg.
8/4/19	BB: 6.8 PB: 63.2 Lk: 39.2	in Prevenir II Norsing II	Prevenir 13* Pfizer Pneumococcal polysaccharide vaccine (13-valent adsorbed) Lot: A67249 PAA057234 RotaTeg® Rotavirus Vaccine, Live, Oral, Pentavalent Lot: R016419 Exp.: 03-2020 dr. HITTOH FACTORY, Sp.A SIP: 026/69C/SIP-D/IV/2017
9/5/19	BB: 7.2 PB: 66 - Lk: 41.8	in Imunisasi Korupsi III	dr. HITTOH FACTORY, Sp.A SIP: 026/69C/SIP-D/IV/2017 Infanrix hexa 6 1 dose/dosis (0.5 ml) Hib vaccine to be reconstituted with DTPa-HBV-IPV Vaccin Hib à reconstituer avec DTPa-HBV-IPV Vaccin Hib para reconstituir con DTPa-HBV-IPV Inj./Injec.: I.M. Storage/Cons.: +2°C/+8°C GSK Biologicals s. Rixensart - Belg.
11/6/19	BB: 7.2 PB: 66 - Lk: 41.8	in Prevenir III Norsing III	Prevenir 13* Pfizer Pneumococcal polysaccharide vaccine (13-valent adsorbed) Lot: AP0650 PAA057234 RotaTeg® Rotavirus Vaccine, Live, Oral, Pentavalent Lot: R033490 Exp.: 06-2020 dr. HITTOH FACTORY, Sp.A SIP: 026/69C/SIP-D/IV/2017
25/9/19	BB: 8.2 PB: 70.1 Lk: 43	in MR 10	dr. HITTOH FACTORY, Sp.A SIP: 026/69C/SIP-D/IV/2017
27/1/20	BB: 9.7 PB: 77 Lk: 44.5	in Prevenir IV Prevenir 13* Pfizer Pneumococcal polysaccharide vaccine (13-valent adsorbed)	dr. HITTOH FACTORY, Sp.A SIP: 026/69C/SIP-D/IV/2017

Lot: AX9050
PAA057234

CATATAN

Tanggal
17/2/19
18/2/19
20/5/19
18/6/19
4/6/19
15/7/19
20/8/19
4/11/19
4/12/19
25/1/20
12/6/20
20/9/20
2/10/20

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



H.C. No. : الرقم الصحي: **البطاقة الصحية**
HC07601544 **Health Card**

الإسم: **صابرينا زهره بير مادهي**
Name: **SABRINA ZARA PERMADHI**

تاريخ الميلاد: **4/11/2018**
Date of Birth:

الجنسية: **اندونيسية**
Nationality: **Indonesian**

الرقم الشخصي: **31836000120**
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

الاعراض المرضية الأساسية
IMPORTANT MEDICAL DATA

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

BLOOD GROUP: HEALTH CENT **Z6**

تاريخ الإصدار: **16/1/2022**
PHC :
Location : **66527KRN**

State Of Qatar
Residency Permit



دولة قطر
رخصة إقامة

ID.No: 28936001129 الرقم الشخصي:
D.O.B.: 14/12/1989 تاريخ الميلاد:
Expiry: 26/10/2023 الصلاحية:
Nationality: اندونيسيا الجنسية:
Occupation: فني تعدين المهنة:



الاسم: بايو بيرمدهي

Name: BAYU PERMADHI

Passport Number: X814405
Passport Expiry: 28/05/2024
Serial No: 30328936001129
Residency Type: عمل
Employer: شركة قطر غاز للتشغيل المحدوده
مدير عام الإدارة العامة للجوازات
General Director of the General
Directorate of Passports
توقيع حامل البطاقة
Holder's signature



[Signature]

[Signature]

رقم جواز السفر:
تاريخ انتهاء الجواز:
الرقم المسلسل:
نوع الرخصة:
المستقدم:



State Of Qatar
Residency Permit



دولة قطر
رخصة إقامة

ID.No: 29136001000

الرقم الشخصي:

D.O.B.: 22/12/1991

تاريخ الميلاد:

Expiry: 02/12/2025

الصلاحية:

اندونيسيا

الجنسية:

Nationality: INDONESIA

Occupation: ربة منزل

المهنة:

الاسم: نادهيلا پاسا



Name: NADHILA PASSA

Passport Number: C5130090

رقم جواز السفر:

Passport Expiry: 25/11/2024

تاريخ انتهاء الجواز:

Serial No: 30129136001000

الرقم المسلسل:

Residency Type: عائلية

نوع الرخصة:

Employer: بايو بيرمدهي

المستخدم:

مدير عام الإدارة العامة للجوازات
General Director of the General
Directorate of Passports

توقيع حامل البطاقة
Holder's signature

[Signature]

[Signature]



