Al Khor International School Al Khor Community ru pokr22166 Doha, Qafar T; +974 4473 3683 / 4666 It: +974 4473 4671 www.akis.sch.ga PO Box. 22166



REGISTRATION FORM - AKIS British Curriculum

FOR OFFICE USE ONLY - To be completed by the Admissions Office				
Academic Year: 2023				
Admission Number:	Date of Admi	ssion: 5 March, 23		
Admitted into Year:	1	20 2		
No. Administra				
New Admission	Readmission			
This application will not be accepted with	thout the sub	mission of ALL required documents		
APPLICANT INFORMATION				
Family Name (as per passport):		/		
PERMADHI		Gender: Male: □ Female: ☑		
First Name (as per passport):		Date of Birth (DD/MM/YYYY):		
SABRINA ZARA		04 NOVEMBER 2018		
Place of Birth (City/ State):		Country of Birth:		
BALIKPAPAN	1	INDONESIA		
Passport No.:		Nationality: NDONESIAN		
C 3 6 6 0 5 5 1		HMC Medical Card No.:		
Qatar ID No.: 3 18 3 6 0 0 0 1 2 0		HC 07-60 1544		
Religion: (required by Muslim M Christian		/ear Group/ Class requested for admission:		
MOEHE) Other Other		FONDATION STAGE, AUTUMN 2023		
PROFILE OF LANGUAGES SPOKEN	AT HOME (th	's will help us to place your child appropriately):		
The child speaks mainly in BAHASA INDONESIA	(languag	e) 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 isspeaks to her child mainly in				
DETAILS OF LAST SCHOOL (if applicable)				
School Name:		Year:		
School Address:				
Syllabus followed in the school: British ☐ American ☐] IB□ Other□	(please specify):		

As Knor International School At Shor Community RO Bax: 22166 Doha, Gatar T: #974 4473 3688 / 4666 F: 4974 4473 4671 www.skib.sch.qa

FAMILY INFORMATION

Home Address (in Qatar):				
AL-KHOR COMMUNITY, FL.	AT C220 12			
SPO	NSORING PARENT'S	INFORMATION		
Name: (as per passport) BAYU PERMADHI	,			Father ☑ Mother □
Company: Qatargas MAKIS □ Other □ (please specify)			Staff No.: 6164	
Qatar ID No.: 2893600 1129		tionality: IMDONES (A M		
Mobile No.: 5056 3150	Home Tel. No.: 4437 589			No.: 3 5210
Work Email Address: Bper madhi@qatargas.com.qa Preferred Work Personal Email Address: Bper madhi@gmail.com Preferred Work Personal				
	OTHER PARENT'S IN	FORMATION		
Name: NADHILA PASSA (as per passport)				Father 🗆 Mother 🗹
Qatar ID No.: Nationality: 29136001000 INDONESIAN				
Mobile No.: 5590 5137	Home Tel. No.: Work Tel. 4437 5891		. No.:	
Email Address: Nadhila passa (a) gmail. com				
Emergency Contact INFORMATION (other than parents and currently residing in Qatar)				
Name: DWI ZANUARITA		Relationship: MEIGHBOUF	٤	Tel No(s).: 3389 1946
DETAILS OF OTHER SIBLINGS CURRENTLY IN AKIS-BC DO YOU CURRENTLY HAVE CHILDREN REGISTERED AT AKIS? YES \(\textstyle \tex				
Name		Year		House
				
		1		

At Khor International School At Khor Community

PO Box: 22166 Ddha, Gatar T:+974 4473 3688 / 4666 F: +974 4473 4671 www.akls.sch.ga



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

Date: 5 MARCH 2023

Signature:

Al Khor International School Al Khor Community

PO Box: 22166 Doha, Qatar

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DECLARATION

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).

Name of Parent (In BLOCK letters)	Signature	Date
BAYU PERMADHI		5 MARCH 2023

CHECKLIST FOR REQUIRED DOCUMENTS	By Applicant	By Admissions Office
Original Letter of employment from the student's sponsor's company with home address	⊌	
2. Registration form duly completed	□ ✓	
3. Two colored passport size photographs	☑′	
4. Copy of student's passport*	▽	
5. Copy of student's RP (Qatar ID)*	Ø	
6. Copy of student's birth certificate*	Ø	
7. 2 Copies of student's vaccination records	₩ W	
Attested copy of most recent school report (must be written in or translated to English)		
9. Copy of Hamad Medical Corporation (HMC) card	Ø	
10. Copy of student's sponsor's Qatar ID/RP	Ø	
11. Copy of other parent's Qatar ID/RP	Ø	
12. Copy of student's sponsor's passport	Ø	
13. Copy of other parent's passport	D/	

^{*} 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	- twi	
Reviewed by:	REVIEWED By Vasantha Thennavan at 7:29 pm, Apr 11, 2023	T.Varther	
Validated by Lead Registrar:		>	

شركة قطرغاز للتشغيل المحدودة

ص ب ٢٢٦٦٦ الدوحة، دولة قطر الهاتف: ٢٠٠٠ ٣٤٤٧ ع٩٧٤+

+qve ٤٤vm : ٦٦٦٦ فاكس : 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

Operating Company



PERHATIAN

1. Paspor ini adalah dokumen milik Negara.

2. Kecuali pejabat yang berwenang, dilarang mencoret atau melakukan perubahan apapun atas tulisan, cetakan dan/atau dalam bentuk apapun yang terdapat dalam paspor ini.

3. Harap memperhatikan ketentuan kehilangan kewarganegaraan Republik Indonesia yang diatur dalam Pasal 23 Undang-Undang Nomor 12 Tahun 2006 tentang Kewarganegaraan Republik Indonesia.

4. Harap meminta keterangan atau visa terlebih dahulu dari Perwakilan Negara Asing yang akan dikunjungi.

5. Dalam hat paspor ini hilang agar segera metapor kepada:

Asntor Kepolisian Negara Republik Indonesia dan
Kantor Imigrasi terdekat; atau
 Asntor Polisi setempat dan Kepala Perwakilan
Republik Indonesia terdekat dalam hal terjadi di

C3660551

PASPORT PASSPORT



REPUBLIC OF INDONESIA

IENIS I TVDE

KODE NEGARA I COUNTRY CODE

IDN

NAMA LENGKAP / FULL NAME

SABRINA ZARA PERMADHI

KEWARGANEGARAAN / NATIONALITY

INDONESIA

TGL. LANIR / DATE OF BIRTH

KELAMIN / SEX

04 NOV 2018

10 JUN 2019

P/F

TEMPAT LAHIR / PLACE OF BIRTH

BALIKPAPAN

TGL. HABIS BERLAKU / DATE OF EXPIRE

10 JUN 2024

KANTOR YANG MENGELUARKAN / ISSUING OFFICE

BALIKPAPAN

1A11MD0887-TXQ

P<IDNPERMADHI<<SABRINA<ZARA<<<<<<<<<<<<C>C3660551<41DN1811043F24061016471054411000142

State Of Qatar Residency Permit



دولة قطر رخصة إقامة

ID.No: D.O.B.: 31836000120 04/11/2018

Expiry: 02/1

02/12/2025

اندونيسيا

Nationality: Occupation: INDONESIA طفلة الرقم الشخصي: تاريخ الميلاد: الصلاحية:

الجند

المهنة:

الاسم: صابرينا زارا بيرمادهي

Name: SABRINA ZARA PERMADHI

Passport Number:

Passport Expiry:

10/06/2024

Serial No:

Residency Type:
Employer:

الموال البطاقة البورازة العامة للبورازة العامة للبورازة العامة للبورازات العامة البورازات العامة العام

رقم جواز السفر: تاريخ انتهاءالجواز: السرقم المسلسل: شوع الرخصة: المستقدم:



Nomor Induk Kependudukan. 6471654411180001 Personnel Registration Number

No.AL 7760280204



BECENTANTES BE REGISTRY OFFICE

WARGA NEGARA INDONESIA NATIONALITY INDONESIAN

EXCERPT OF BIRTH CERTIFICATE

Berdasarkan Akta Kelahiran Nomor 6471-LU-12112018-0024,-By virtue of Birth Certificate Number menurut stbld ======= DARI DAFTAR CCCXXVII UNTUK UMUM

in accordance with state gazette

bahwa di <u>Balikpapan, Hari Minggu Jam 10:45</u>

pada tanggal

EMPAT FOUR

that in

on date

telah lahir

NOPEMBER tahun DUA RIBU DELAPAN BELAS
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

Head of N. DINAS KEPENDUDUKAN DAN

PENCATATAN SIPIL KOTA BALIKPAPAN

KEPENDUDUKAN AN PENCATATAY SIPIL

> R 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 is. PB: 54 on when turnin	en menbert	dr. MOKHAMMAD IKHSAN NURKHOL S, Sp. A SIP: 020/83A/SIP-D/VI/2017
3 21/	PM T.T 13. 66. J Un. 37		Sip. 0201 69C / Polity / 2017 Prevenar 13* Price Rotateg* Revenue Westerness
7/2/19 3 bulan	BB = 5,8hg PB = 59,5 cm Lh > 38 -	Correct in na	eumococcal hysaccharide ccine (13-valent adsorbed) Fatt Ary, Sp. A
21/3/19 4.5 hi-	mg 6.7 m . 62.6 no . 39.	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 à reconstituer over DTPA-HB	
8/2/19 8/h	189 6.8 12 63.2 12 34.2	RotaTed®	Prevenar 13* Gizer Pneumococcal polysaccharide vaccine (13-valent adsorbed) Lot: PAA057234
8/5/19 6/5/19	100 - 60 - 100 - 1	1 dose/dosis (0.5 ml) Hib vaccine to be reconstituted with DTPa-HBV-IPV Vaccin hid para reconstitut avec DTPa-HBV-IPV Vaccin hid para reconstitut con DTPa-H	dr. Hittoh Factory, Sp., Prevenar 13*
11/6/19 7 bu	13 66. W41.6	12 Curest III	Pneumococcal polysaccbaride vaccine (13-valent adsorbed) Lot: PAA057234 Preumococcal polysaccbaride vaccine (13-valent adsorbed) RotaTog Core, One Preumococcal polysaccbaride vaccine (13-valent adsorbed) RotaTog Core, One Preumococcal polysaccbaride vaccine (13-valent adsorbed) RotaTog Core, One Polysaccbaride Lot: PAA057234
10bi-	m, 8,2 m, 70,1 n_ 43	- Viines 10	dr. HITTOH FATTORY, Sp. A SIP: 026/69C/SIP-D/IV/2017
146	100. 3.7 100. 3.7 100. 3.7	Prevenar 13* efize Pneumococcal polysaccbaride vaccine (13-valent adsorbe	dr. HITTOM FATTORY, Sp. A
		Lot: AX9050 PAAD57234	

CATATA

Tanggal

17/2/2

20/5/_

13b -

4/6/-

(c) 6

15/7/-

20 h

4/a/20

2./ 5

/20

/12

9EP-

12/6

20

2 h 10

CATATAN PENYAKIT DAN MASAL

Keterangan (Nama Tindakan/Rujukan/ Penyakit/Masalah Lot No. : U6653BBA Mfg. Date : 27.06.2019 Exp. Datr : 27.06.2020 HET (Rp.) : 223.872,-syringe Tanggal **Umpan Balik** Pela 1. Influer = 10,25 mg, 4, 8 nfluenza Vaccine, subvirion, e: Pediatric Dose sphere Strain 2019 - 2020 17/2/20 Lot No. : U6653BBB Mfg. Date : 27.06.2019 Exp. Date : 27.06.2020 HET (Rp.) : 223.872,-/syringe dr. HITTOH FATTORY, Sp. 13.76. SIP: 026/69C/SIP-D/IV/2017 18 52 W- 45 1- Iryling de MITTON FATTOR MB- 10,7 20/0/1 13.81 18b1-SIP: 026/69 Un. 45.5 M3 , 10,4 A/6/2 m. Bur BY-IPV prage: 17 (4-8° La 11 Implied by Smarth Brecha 1. Can Bank Brown to Brecha 196h Infantix heva 6 D/IV/2017 Un 45.5 15/7/2 1- MN OUR dr. HITTO = 703243 2017. 1.11.00 m- 85,2 20 hw Lo Hipam Alor bb: 12,2 dr. INTTON FATTOR 30012019 ps: 8715 SIP 026/69C/SID T3A78 12-2021 ZABL lk: 46 4/20 Typher Oir BB: 12,3F9 12 TB: 89 cm T Of. SIP: 026/69C/SIP:0/17/12 LK: 46.5 25 bi-Exp. HavrixTM720 Hep. A 2. (you kee). 12/621 MFD: BB: 13.34 TB: 90 L. 巍 BB. 143 794018 flu (2) (cyan ka). TB: 95 c. 2h ior

MAUMAN

ANGAN

Nama empat Paraf)

SAN NURKHOL S, Sp. A

y, Sp.A.

P016419 03-2020 GT, Sp.A

ry, Sp.A

Sp.A 1N / 2017

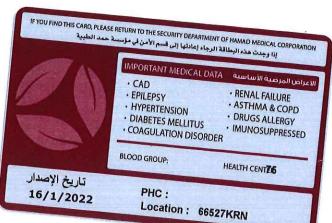
y, Sp.A

06-2020 06-2020

SIP-D/IV/2017

DRY, Sp. A





State Of Qatar Residency Permit



ID.No: D.O.B.: 28936001129

الرقم الشخم 14/12/1989 تاريخ الميلاد:

Expiry:

26/10/2023

الصلاحية:

اندونيسيا

Nationality: INDONESIA

Occupation:

فني تعدين

الاسم: بايو بيرمدهي

Name: BAYU PERMADHI

Passport Number:

Passport Expiry:

Serial No:

Residency Type:

Employer:

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

X814405

28/05/2024

30328936001129

عمل

شركه قطر غاز للتشغيل المحدوده

توقيع حامل البطاقة

Holder's signature







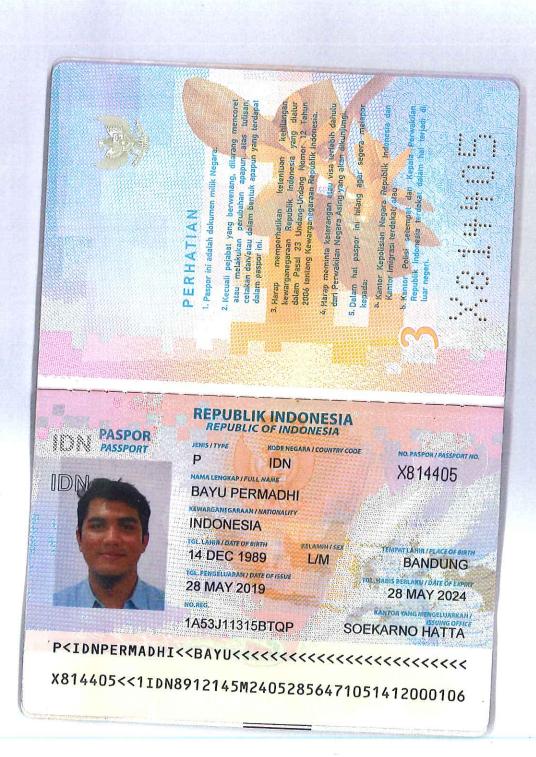




Name: NADHILA PASSA

:4

رقم جواز السفر: C5130090 Passport Number: تاريخ انتهاءالجواز: 25/11/2024 Passport Expiry: 30129136001000 السرقم المسلسل: Serial No: عاتلية نوع الرخصــة: Residency Type: المستقدم: Employer: بايو بيرمدهي مدير عام الإدارة العامة للجوازات General Director of the General Directorate of Passports توقيع حامل البطاقة Holder's signature





PERHATIAN

1. Paspor ini adalah dokumen milik Negara.

 Kecuali pejabat yang berwenang, dilarang mencoret atau melakukan perubahan apapun atas tulisan, cetakan dan/atau dalam bentuk apapun yang terdapat dalam paspor ini.

3 Harap memperhatikan ketentuan kehilangah kewarganegaraan Republik Indonesia yang diatur dalam Pasal 23 Undang-Undang Nomor 12 Tahun 2006 tentang Kewarganegaraan Republik Indonesia.

4. Harap meminta keterangan atau visa terlebih dahulu dari Perwakilan Negara Asing yang akan dikunjungi.

5. Dalam hal paspor ini hilang agar segera melapor kepada: Kantor Imigrasi terdekat; atau

 Kantor Imigrasi terdekat; atau

 Kantor Polici cetemnat dan Manala Desertation

B. Kantor Polisi setempat dan Kepala Perwakilan Republik Indonesia terdekat dalam hal terjadi di luar negeri.



PASPORT PASSPORT



REPUBLIC OF INDONESIA

JENIS / TYPE

KODE NEGARA / COUNTRY CODE

P

IDN

NAMA LENGKAP / FULL NAME

NADHILA PASSA

KEWARGANEGARAAN / NATIONALITY

INDONESIA

TGL. LAHIR / DATE OF BIRTH

KELAMIN / SEX

22 DEC 1991

P/F

TGL. PENGELUARAN / DATE OF ISSUE

NOV 2010

25 NOV 2019

NO REG.

1A12MD9474-TPX

C5130090

TEMPAT LAHIR / PLACE OF BIRTH

BALIKPAPAN

TGL. HABIS BERLAKU / DATE OF EXPIRY

25 NOV 2024

KANTOR YANG MENGELUARKAN /

BALIKPAPAN

P<IDNPASSA<<NADHILA<<<<<<<<<<>C<130090<41DN9112229F24112556471046212000342