

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): <u>Gharbeyah</u>	Gender: Male: <input checked="" type="checkbox"/> Female: <input type="checkbox"/>
First Name (as per passport): <u>Talal</u>	Date of Birth (DD/MM/YYYY): <u>8/8/19</u>
Place of Birth (City/ State): <u>Doha</u>	Country of Birth: <u>Qatar</u>
Passport No.: <u>P732971</u>	Nationality: <u>Jordan</u>
Qatar ID No.: <u>31940000797</u>	HMC Medical Card No.: <u>HC05807440</u>
Religion: (required by MOEHE) Muslim <input checked="" type="checkbox"/> Christian <input type="checkbox"/> Other <input type="checkbox"/>	Year Group/ Class requested for admission: <u>FS</u>

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

The child speaks mainly in English (language) at home.
 Her/she can understand English: Well Little Not at All
 Mother's native language is Arabic speaks to her child mainly in English
 Father's native language is Arabic speaks to his child mainly in English
 Nanny's/Maid's native language is Arabic speaks to her child mainly in Arabic

DETAILS OF LAST SCHOOL (if applicable)

School Name: <u>Nil</u>	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):		
SPONSORING PARENT'S INFORMATION		
Name: (as per passport) MOHAMMAD Mustafa J. Gharbeyah		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.: 15638
Qatar ID No.: 2854000096	Nationality: Jordan	
Mobile No.: 66664386	Home Tel. No.: 44647866	Work Tel. No.: 44732793
Work Email Address: mgharbeyah@qatargas.com.qa	Preferred contact: Work <input checked="" type="checkbox"/> Personal <input checked="" type="checkbox"/>	
Personal Email Address: m.gharbia@live.com		
OTHER PARENT'S INFORMATION		
Name: (as per passport) Heba Ibrahim Y. Abu Raiya		Father <input type="checkbox"/> Mother <input checked="" type="checkbox"/>
Qatar ID No.: 28940000152	Nationality: Jordan	
Mobile No.: 66685660	Home Tel. No.: 44647866	Work Tel. No.: —
Email Address: hraiya@icloud.com		

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

Name: Hafez M. Gharbeyah	Relationship: Uncle	Tel No(s).: 66696882
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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 3

IF YES, PLEASE PROVIDE DETAILS BELOW:

Name	Year	House
Hamad M. Gharbeyah	4	BAB
Yara " "	2	COA
Zayed " "	1	CUA

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: _____

Nil

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: Mohammad M. Gharbeyah

Signature: 

Date: 26/2/23

DECLARATION

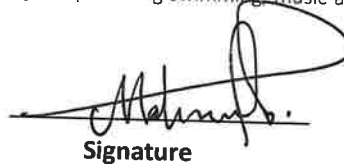
I confirm that the above information is correct. I agree to abide by all the policies of AKIS and accept that decisions of the Education Manager in any matter relating to the administration of AKIS as final.

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).

MOHAMMAD M. J. GHARBEYAH

Name of Parent (In BLOCK letters)



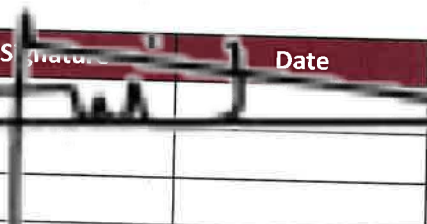
Signature

26/2/23

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 Nuseiba.AbdelmagidEl at 10:19 am, Apr 16, 2023		
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/15638/gc
Date : 19 February 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. Mohammad Mustafa Jawdat Gharbeyah's (Staff No. 15638) child, Talal Gharbeyah (Date of Birth: 08.08.2019) can attend the Al Khor International School (British stream) from the academic year 2023 – 2024.

Please make necessary arrangements for his enrollment at your school.

For **QATARGAS OPERATING COMPANY LIMITED**



Khadeja Yousef Abualfain
HEAD OF PERSONNEL ADMINISTRATION







THE HASHEMITE KINGDOM OF JORDAN المملكة الأردنية الهاشمية

جواز سفر
Passport

Type / النوع
P

Country Code / رمز الدولة
JOR

Passport No. / رقم جواز السفر
P732971

Name / الاسم

TALAL MOHAMMAD MUSTAFA GHARBAYAH

طلال محمد مصطفى غربية

Date of Birth / تاريخ الميلاد

08 AUG / آب 2019

National No. / الرقم الوطني

2004254329

Sex / الجنس

M ذكر

Place of Birth / مكان الميلاد

QATAR قطر

Date of Issue / تاريخ الإصدار

02 SEP / أيلول 2019

Mother's Name / اسم الأم

HEBA هبة

Date of Expiry / تاريخ الانتهاء

01 SEP / أيلول 2024

Authority / سلطة الإصدار

DOHA الدوحة

P<JORGHARBAYAH<<TALAL<MOHAMMAD<MUSTAFA<<<<<<

P732971<<4JOR1908088M24090102004254329<<<<50

State Of Qatar
Residency Permit



دولة قطر
رخصة إقامة

ID.No: 31940000797

الرقم الشخصي:

D.O.B: 08/08/2019

تاريخ الميلاد:

Expiry: 16/10/2025

الصلاحية:

Nationality:

اردني
JORDAN

Occupation:

طفل

الجنسية:

المهنة:



الإسم: طلال محمد مصطفى غربيه

Name: TALAL MOHAMMAD MUSTAFA GHARBEYAH

Passport Number:

P732971

رقم جواز السفر:

Passport Expiry:

01/09/2024

تاريخ انتهاء الجواز:

Serial No:

30231940000797

الرقم المسلسل:

Residency Type:

عائلية

نوع الرخصة:

Employer:

محمد مصطفى جودت غربيه

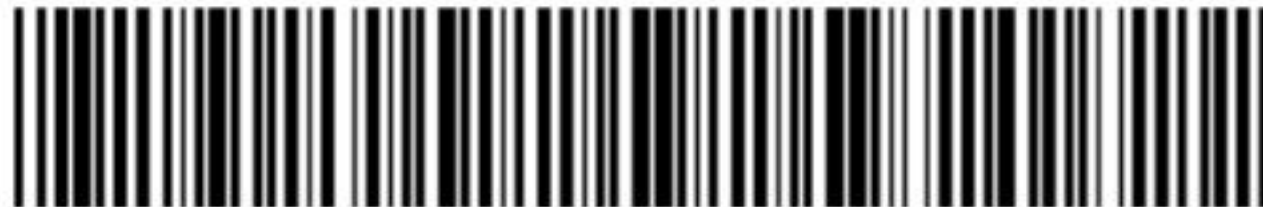
المستقدم:

مدير عام الإدارة العامة للجوازات

General Director of the General
Directorate of Passports

توقيع حامل البطاقة

Holder's signature





مستخرج رسمي من شهادة ميلاد
COPY OF BIRTH CERTIFICATE

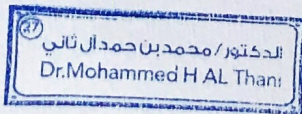


Baby Name	TALAL	اسم المولود
Sex	Male	الجنس
Date of Birth	08/08/2019 (07/12/1440)	تاريخ الميلاد بالأرقام
Date of Birth in Words	EIGHTH OF AUGUST TWO THOUSAND NINETEENTH	تاريخ الميلاد بالحروف
Place of Birth	AL-AHLI HOSPITAL - QATAR	محل الميلاد
Father's Name	MOHAMMAD MUSTAFA JAWDAT GHARBEYAH	اسم الأب
Religion	MUSLIM	ديانة الأب
Nationality of Father	JORDAN	جنسية الأب
Mother's Name	HEBA IBRAHIM YOUSEF ABU RAIYA	اسم الأم
Religion	MUSLIM	ديانة الأم
Nationality of Mother	JORDAN	جنسية الأم
Registration Number	017211/2019	رقم التسجيل
Registration Date	12-Aug-2019	تاريخ التسجيل
Date Of Issue	12-Aug-2019	تاريخ الاصدار



اشهد ان ماورد اعلاه هو نقل صحيح من سجل مواليد إدارة الصحة العامة بالدوحة - دولة قطر

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



محمد آل ثاني

مدير إدارة الصحة العامة
Director of Public Health Department



HC NUMBER: HC05807440
 NAME : BABY OF HEBA IBRAHIM RAIYA
 NATIONALITY : Jordanian
 DOB : 08/08/2019
 GENDER : Male
 HC Expiry :



Boy / ولد



Hc05807440
66685660

المفكرة الصحية للطفل
 عيادة الطفل السليم

Child Health Notebook
 Well Baby Clinic

ABX4700
 QATAR
 BABYBOY HIBA IBRAHIM YOUSIF

11p



المستشفى الأهلي
 AL-AHLI HOSPITAL

Nursery 1A
 Dr. Mohamad Anas Barakat
 Cash Payer

Talal mohamed

QID-28940000152-C4
 D.O.B:08/08/2019
 50402139
 Male

INP234172



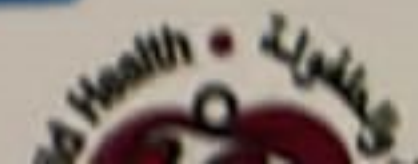
50402139

الإسم
 Name

الرقم الشخصي
 ID No.

الرقم الصحي
 HC No.

المركز الصحي
 Health Centre



التوقيع والملاحظات Signature and Remarks	التاريخ Date			الجرعة الاولى 1st	الحصين ضد Imm. Against
	الثالثة 3rd	الثانية 2nd	الثانية 2nd		
BND 12893				8/8/19 JAPAN Mitsubishi	الدرن BCG
				ATTACHMENT ENCEMAX 0.5ml IM given @ 08:00 AM 08-08-19 @ PTA BY: DICKINS HMS	الخبدي الفيروسي (ب) Hep B
				19-7-2020	PENTA الخماسي
				19-7-2020	شل الأطفال الفموي OPV
		19-7-2020	24/2/2020	17/10/19	المكورات الرئوية PCV
		24/2/2020		17/10/19	الفيروسات العجالية ROTA virus
		24/2/2020		17/10/19	السداسي HEXA

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



مؤسسة حمد الطبية
Hamad Medical Corporation

HEALTH · EDUCATION · RESEARCH صحة · تعليم · بحوث

H.C. No.: الرقم الصحي:
HC05807440

البطاقة الصحية
Health Card

الإسم: **طلال محمد مصطفى غريبه**

Name: **TALAL MOHAMMAD MUSTSFA GHARBAYAH**

Date of Birth: **8/8/2019** تاريخ الميلاد:

Nationality **Jordanian** الجنسية: **أردني**

ID No: **31940000797** 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



IMPORTANT MEDICAL DATA الأعراض المرضية الأساسية

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

BLOOD GROUP:

HEALTH CENTER.24

تاريخ الإصدار

27/5/2021

PHC :

Location : 42324THN



THE HASHEMITE KINGDOM OF JORDAN المملكة الأردنية الهاشمية

جواز سفر
Passport

Type / النوع
P

Country Code / رمز الدولة
JOR

Passport No. / رقم جواز السفر
P204991



Name / الاسم

MOHAMMAD MUSTAFA JAWDAT GHARBEGYAH

محمد مصطفى جودت غربية

Date of Birth / تاريخ الميلاد

17 DEC / كانون الأول 1985

National No. / الرقم الوطني

9851026619

Sex / الجنس

M ذكر

Place of Birth / مكان الميلاد

QATAR قطر

Date of Issue / تاريخ الاصدار

22 JAN / كانون ثاني 2019

Mother's Name / اسم الام

SUZAN سوزان

Date of Expiry / تاريخ الانتهاء

21 JAN / كانون ثاني 2024

Authority / سلطة الاصدار

DOHA الدوحة

P<JORGHARBEGYAH<<MOHAMMAD<MUSTAFA<JAWDAT<<<<<

P204991<<2JOR8512176M24012109851026619<<<<54

State Of Qatar
Residency Permit



دولة قطر
رخصة إقامة

ID.No: 28540000096

الرقم الشخصي:

D.O.B: 17/12/1985

تاريخ الميلاد:

Expiry: 12/06/2025

الصلاحية:

Nationality:

اردني
JORDAN

الجنسية:

Occupation:

منسق

المهنة:



الإسم: محمد مصطفى جودت غربية

Name: MOHAMMAD MUSTAFA JAWDAT GHARBEYAH

Passport Number:

P204991

رقم جواز السفر:

Passport Expiry:

21/01/2024

تاريخ انتهاء الجواز:

Serial No:

32428540000096

الرقم المسلسل:

Residency Type:

عمل

نوع الرخصة:

Employer:

شركة قطر غاز للتشغيل المحدودة

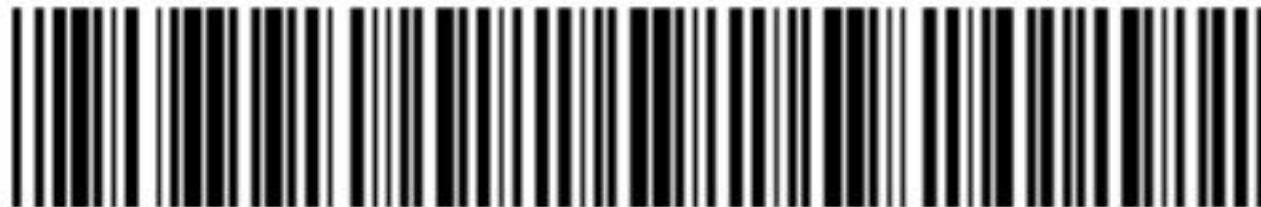
المستقدم:

مدير عام الإدارة العامة للجوازات

General Director of the General
Directorate of Passports

توقيع حامل البطاقة

Holder's signature



State Of Qatar
Residency Permit



دولة قطر
رخصة إقامة

ID.No: 28940000152

الرقم الشخصي:

D.O.B: 19/08/1989

تاريخ الميلاد:

Expiry: 18/06/2025

الصلاحية:

اردنية

الجنسية:

Nationality: JORDAN

Occupation: ربة منزل

المهنة:

الإسم: هبة ابراهيم يوسف ابوريا



Name: HEBA IBRAHIM YOUSEF ABU RAIYA

Passport Number:

P650465

رقم جواز السفر:

Passport Expiry:

28/04/2024

تاريخ انتهاء الجواز:

Serial No:

31128940000152

الرقم المسلسل:

Residency Type:

زوجة

نوع الرخصة:

Employer:

محمد مصطفى جودت غريبه

المستقدم:

مدير عام الإدارة العامة للجوازات

General Director of the General
Directorate of Passports

توقيع حامل البطاقة

Holder's signature

