Al Khor International School Al Khor Community PO Box: 22166 Doha, Qatar T: +974 4473 3688 / 4666 F: +974 4473 4671 www.akis.sch.qa

مـدرينـــــة الــخــور الــدوليــــة AL KHOR INTERNATIONAL SCHOOL



REGISTRATION FORM - AKIS British Curriculum

FOR OFFICE USE ONLY – To be complet	ed by the Admissions Office
Academic Year:	
Admission Number:	Date of Admission:
Admitted into Year:	House:
New Admission	Readmission



This application will not be accepted without the submission of ALL required doc?

APPLICANT INFORMATION

Family Name (as per passport): Ahmed	Gender: Male: 🗆 Female: 📈			
First Name (as per passport): Shadin	Date of Birth (DD/MM/YYYY): 17/08/2019			
Place of Birth (City/State): Bahri / Khartoum	Country of Birth: Sudan			
Passport No.: P08576286	Nationality: Sudan			
Qatar ID No.: 31973601343	HMC Medical Card No.: HCO8354682			
Religion: (required by Muslim Christian MOEHE) Other	Year Group/Class requested for admission: 2023 / Foundation Stage			
PROFILE OF LANGUAGES SPOKEN AT HOME (th	is will help us to place your child appropriately):			
The child speaks mainly in Arabic (language	e) at home.			
Her/she can understand English: Well 🗆 Little 🗆 Not at All 📈	23 19 2021			
	child mainly in Arabic			
Father's native language is ArabiC speaks to his of	child mainly in <u>Arabic</u>			
Nanny's/Maid's native language is speaks	to her child mainly in			

DETAILS OF LAST SCHOOL (if applicable)

School Name:	NA	Year:
School Address:	NA	A.
Syllabus followed	in the school: British 🗆 American 🗆 *IB 🗆 Other 🗆 (please specify):	

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FAMILY INFORMATION

Home Address (in Qatar): C-20423 / AL Khor Could minity 1 AL Khor						
SPONSORING PARENT'S INFORMATION						
Name: (as per passport) Tarig Mohamedazeim Ahmed	Father 🗹 Mother 🗆					
Company: Qatargas 🗹 AKIS 🗆 Other 🗆 (please specify)	Staff No.: 21149					
Qatar ID No.: 28873602841 Nationality: Sudan	ă)					
Mobile No.: 66873752 Home Tel. No.: 55029980 Work Tel	. No.: 7452					
Work Email Address: TAhmed OSmon @qater gus. Com - 29 Personal Email Address: Tangazein @gmail - Com Preferred Work Personal	contact:					
OTHER PARENT'S INFORMATION						
Name: (as per passport) Rayan Abd ELBAGIT Ahmed	Father 🗆 Mother 🗹					
Qatar ID No.: 29273603373 Nationality: Sudan						
Mobile No.: 55029950 Home Tel. No.: 66873752 Work Tel	. No <u>e</u>					
Email Address: Vayan abduelbagi 092 @ gruail - Com						

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

Relationship: Tel No(s).: Name: Mohamed Hassan 60002827 Friend

DETAILS OF OTHER SIBLINGS CURRENTLY IN AKIS-BC

DO YOU CURRENTLY HAVE CHILDREN REGISTERED AT AKIS? YES / NO. OF CHILD/REN IN AKIS______

Name	Year	House

HSR-SCL-FRM-002b.1 - Registration Form for AKIS BC Rev02 (January 13, 2020)

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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

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 medical Condition - 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. — NA	Vaccination R	ecords:
Medical Conditions: Does your child have any medical conditions e.g. asthma, diabetes, epilepsy? Please give full details below, attaching the latest medical record.	It is a mandate	ory requirement from the Ministry of Education and Higher Education and the Ministry of Public Health that the
Does your child have any medical conditions e.g. asthma, diabetes, epilepsy? Please give full details below, attaching the latest medical record. - No medical Condition - 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. - NA 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. - NA Additional/Special Needs: Does your child have any additional/special needs that the school needs to be aware of?	Please attach	2 copies of your child's vaccination records.
latest medical record. - no medical Candition - 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. - NA 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. - NA Additional/Special Needs: Does your child have any additional/special needs that the school needs to be aware of?	Medical Cond	itions:
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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. - NA 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. - NA Additional/Special Needs: Does your child have any additional/special needs that the school needs to be aware of?		- no medical Condition -
allergies, please detail the action to be taken below. Please attach latest/applicable medical records NA 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 NA Additional/Special Needs: Does your child have any additional/special needs that the school needs to be aware of?	Allergies:	
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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. - NA Additional/Special Needs: Does your child have any additional/special needs that the school needs to be aware of?		- NA
and how this is to be taken. Please attach prescription from medical practitioner if any. - NA Additional/Special Needs: Does your child have any additional/special needs that the school needs to be aware of?	Medication:	
Additional/Special Needs: Does your child have any additional/special needs that the school needs to be aware of?	Please list belo and how this i	ow any medication that your child needs to take on a routine basis. Please give all information as to when s to be taken. Please attach prescription from medical practitioner if any.
Does your child have any additional/special needs that the school needs to be aware of?	-	- NA
	Additional/Spe	ecial Needs:
🗆 Hearing 🖾 Sight 🗆 Speech 🖾 Other - please specify:N 🗛	Does your chil	d have any additional/special needs that the school needs to be aware of?
	□ Hearing [□ Sight □ Speech □ Other - please specify:NA

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.					
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: Taring Mohomeda Zeim Ahmed Osmon					
Signature: Date: Date: Date:					

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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).

TARIG MOHAMEDAZEIM

Signature

Date

19.02.2022

Name of Parent (In BLOCK letters)

	CHECKLIST FOR REQUIRED DOCUMENTS	By Applicant	By Admissions Office
1.	Original Letter of employment from the student's sponsor's company with home address	×	
2.	Registration form duly completed	V	
3.	Two colored passport size photographs	×	
4.	Copy of student's passport*	Å	
5.	Copy of student's RP (Qatar ID)*	×	
6.	Copy of student's birth certificate*	A	
7.	2 Copies of student's vaccination records	Þ	
8.	Attested copy of most recent school report (must be written in or translated to English)	NA	
9.	Copy of Hamad Medical Corporation (HMC) card	. 1	
10.	Copy of student's sponsor's Qatar ID/RP	A	
11.	Copy of other parent's Qatar ID/RP	4.	
12.	Copy of student's sponsor's passport	A	
13.	Copy of other parent's passport	A	

* The original copy must also be presented for verification purposes

Admissions Office	Name	Signature	Date	
Checked by:	RECEIVED By Nusaiba.AbdelmagidEl at 7:59 am, Mar 08, 2023			
Reviewed by:				
Validated by Lead Registrar:	S.		3	





Tel. : 4452 3222 Fax : 4473 6345 Ref. : PA/21149/Q015268 Date : 13.02.2023

TO WHOM IT MAY CONCERN

This is to certify that Mr. Tarig Mohamedazeim Ahmed Osman (Staff No:21149) is an employee of Qatargas Operating Company Limited. Employee joined the Company on 25 January 2022.

We confirm that Mr. Tarig Mohamedazeim Ahmed Osman is currently residing with family in Company provided accommodation as follows:

Residence Address

Flat C-20423 - AKC Al-Khor Housing Community Al-Khor P.O. Box 22166 State of Qatar

> Yours faithfully, For QATARGAS OPERATING COMPANY LIMITED

وي فعلي غاز للتشغيل المحدودي Munera Al-Kubais \$ SENIOR PA OPERATIONS SURFRYISOR es Operating Company



State Of Residency			دو لة قطر رخصة إقامة
ID.No:	31973601343	الرقم الشخصي:	-
D.O.B:	17/08/2019	تاريخ الميلاد:	
Expiry:	22/08/2023	الصلاحية:	100
	سودانية	الجنسية:	
Nationality:	SUDAN		
Occupation:	طفلة	المهنة:	A 141
	احمد	ارق محمدعظيم	الإسم: شادن ط

Name: SHADIN TARIG MOHAMEDAZEIM AHMED

Passport Number: Passport Expiry: Serial No:

Residency Type:

Employer:

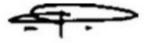
30131973601343 ابنه طارق محمد عظیم احمد عثمان

P08576286

03/12/2026

رقم جواز السفر: تاريخ انتهاءالجواز: الرقم المسلسل: نوع الرخصية: المستقدم :

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



توقيع حامل البطاقة Holder's signature





Republic of The Sudan Ministry of Interior Police Force Headquarter Passports & Civil Registration Corporation **Directorate of Civil Rolls**



جمهورية السودان وزارة الداخلية رئاسة قوات الشرطة هيئة الجوازات والسجل المدنى الإدارة العسامسة للسسجل المدنس

A0958552 الرقم المتسلسل

شهادة ميلاد **BIRTH CERTIFICATE**

Locality	State محلية بحري	ولاية الخرطوم
Certificate Number		شهادة رقم 287-127015
Number in Register	Page رقم القيد بالسجل 268	الصفحة 636321
Date of Birth in Figures		تاريخ الميلاد بالأرقام 17/08/2019
Gender	Name of Child النوع أنثى	اسم المولود شادن
Father's Full Name	and the second s	اسم الوالد ولقبه طارق محمدعظیم احمد عثمان
Father's Religion	Father's Nationality دیانته مسلم	جنسية الوالد السودان
Father's Residence	فاة	محل إقامة الوالد - ،الخرطوم، بحري، الجيلي، المص
Mother's Name	BUNG NC	اسم الوالدة ريان عبدالباقي احمد عثمان
Mother's Residence	and a start of the second second	محل إقامتها - ،الخرطوم، بحري، الجيلي، المصفاة
Place of Birth	الكدرو وسط	محل الميلاد السودان، الخرطوم، بحري، بحري شمال،
Date of Issue		تاريخ تحرير الشهادة 05/09/2019



شم الف (\mathbf{N})



الضابط المستول

براد مالد ، حسبة · بنامه : المالة الغاير طاه الإن عالمانية السطر ، فنها

مر حلمات الجنون عدمار ف الملاد

5. 2

الرتبه عميد ياسر مبارك يوسف منصور الاسم التوقيع



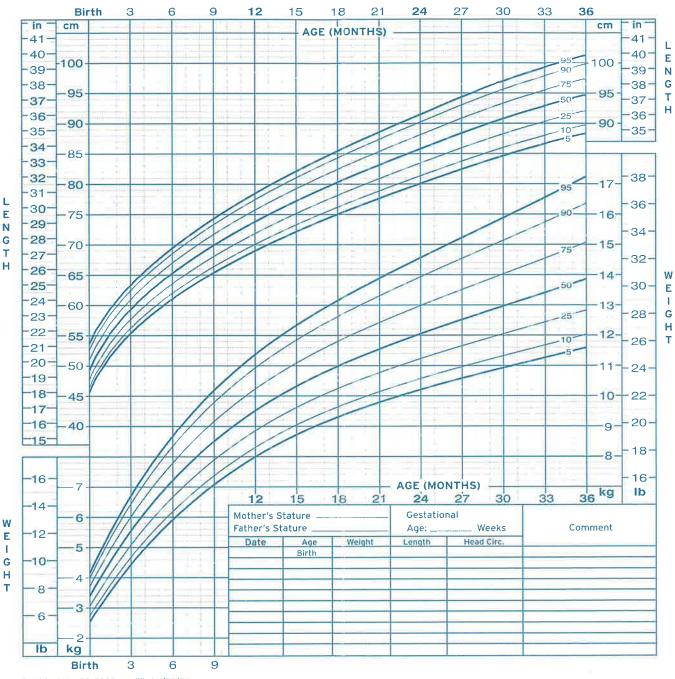
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Birth to 36 months : Boys Length-for-age and Weight-for-age percentiles



- ×

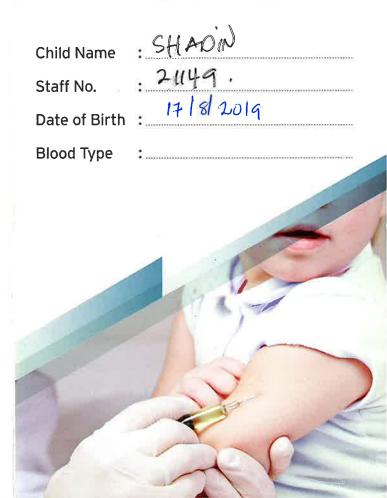
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Published May 30, 2000 (modified 4/20/01). SOURCE: Developed by the National Center for Health Statistics in collaboration with the National Center for Chronic Disease Prevention and Health Promotion (2000) http://www.cdc.gov/growthcharts The World's Premier LNG Company www.qatargas.com.qa



Qatargas Operating Company Ltd. Doha Medical Center

Immunization Guide and Record



Age Vaccine	Birth	2 Months	4 Months	6 Months	12 Monthš	15 Months	18 Months			, 4-6 Years	11-12 Years
BCG	2518/19								-		
Hepatits B											
A Hexa (DTaP+ Hib+HBV+IPV)						c					
B Penta (DTaP+ Hib+HBV)		9/10/19	6/1119	4/12/9		с тыта 12/12 28504 \$ФИ/2	oyic -			D Tripacel	E Tđ
Rotavirus		aliolig				34114	a. *	10	21		
Oral Polio Vaccine		9-110119				¢	12/12/20 1801Po	15	·		
Pneumococcal Vaccine		9/10/19	Glulig	4/124	5 { [124 : 1		1.		-		
Measles, Mumps, Rubella					9/10/2 U 039619	f	12/12/12 1039614 \$C/10				
Varicella					9/10/11 11 030469		3 / 4				2. 24
Hepatitis A					9/10/22 AHAVCOG	YAB -					
F Influenza					ii X						
F Meningococcal ACYW135				Ą	916/202	D					÷

Your Child's Immunization Schedule

- Hexa: DTap (Diphtheria, Pertusis, Tetanus) +Hib (Haemophilus influenza type B) + HBV (Hepatitis B) + IPV (Injectable Polio)
- Penta: DTaP (Diphtheria, Pertusis, Tetanus) + Hib (Haemophilus influenza type B) + HBV (Hepatitis B)
- C. Tetra (DTaP+Hib)
- D. Tripacel
- E. Tetanus, Diphtheria
- F. Influenza, Meningococcal Meningitis, Haj, Umra, Endemic countries (Special cases).

Are the vaccines recommended for routine administration to children

Following immunization inform the doctor/nurse if your Child is suffering from:

- Epileptic fits, seizures or convulsions
- Any untoward reaction from the previous vaccinations
- Severe cough/colds with fever and not feeling well in anyway

Common Immunization Reactions

Fever, local swelling, redness and pain at the injection site

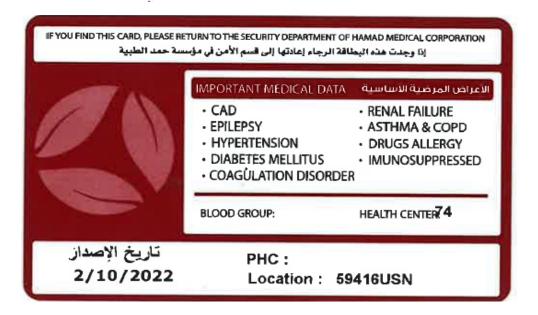
Home Care Advice for Immunization Reactions

- Local Reaction at injection Site:
- Cold Pack : 20 minutes each hour as needed
- Fever: Give Acetaminophen or Ibuprofen as needed.
- Localized Hives: Apply 1 % hydocortisone cream OTC once or twice.

Next Vaccination		
Date	Vaccine	
	20	

For more information Please call us at: 4408-2444 Email : alahlireception@gatargas.com.ga



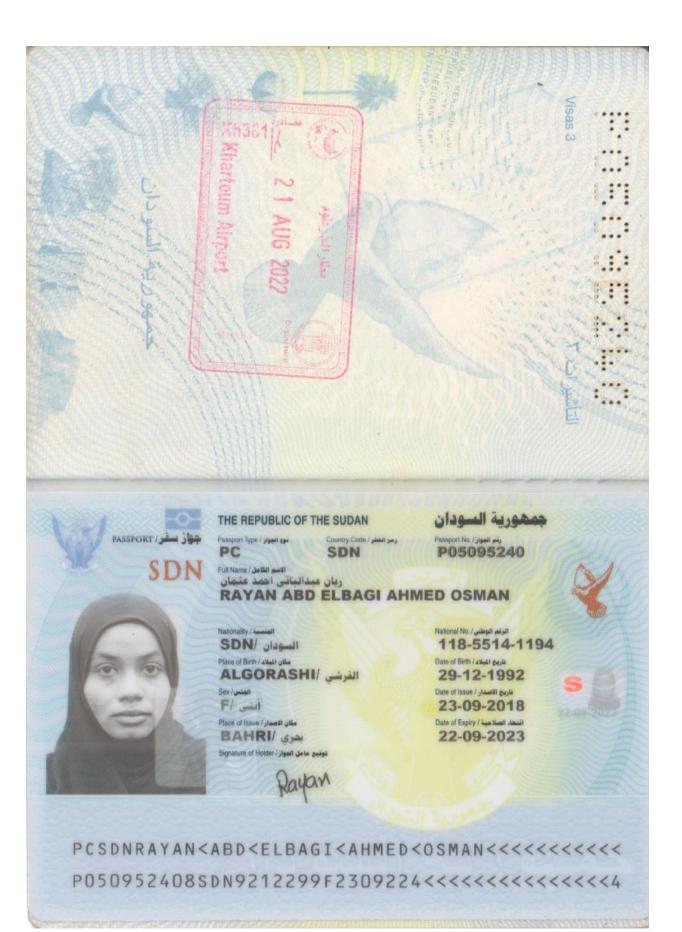






Name: TARIG MOHAMEDAZEIM AHMED OSMAN





State Of Q Residency F		دولة قطر رخصة إقامة
ID.No: D.O.B.: Expiry:	29273603373 29/12/1992 22/08/2023 سودانية	الرقم الشخصى: تاريخ الميلاد: الصلاحية: الجنسية:
Nationality: Occupation:	SUDAN رية منزل	المهنة: الاسم: ريان عبدالباقي احمد عثمان

