

## 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:
<b>New Admission</b> <input type="checkbox"/>	<b>Readmission</b> <input type="checkbox"/>



This application **will not be accepted** without the submission of **ALL** required documents.

### APPLICANT INFORMATION

Family Name (as per passport): <i>Ahmed</i>	Gender: Male: <input type="checkbox"/> Female: <input checked="" type="checkbox"/>
First Name (as per passport): <i>Shadin</i>	Date of Birth (DD/MM/YYYY): <i>17/08/2019</i>
Place of Birth (City/ State): <i>Bahri / Khartoum</i>	Country of Birth: <i>Sudan</i>
Passport No.: <i>P08576286</i>	Nationality: <i>Sudan</i>
Qatar ID No.: <i>31973601343</i>	HMC Medical Card No.: <i>HC08354682</i>
Religion: (required by MOEHE) Muslim: <input checked="" type="checkbox"/> Christian: <input type="checkbox"/> Other: <input type="checkbox"/>	Year Group/ Class requested for admission: <i>2023 / Foundation stage</i>

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

The child speaks mainly in *Arabic* (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 *Arabic*

Father's native language is *Arabic* speaks to his child mainly in *Arabic*

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

### DETAILS OF LAST SCHOOL (if applicable)

School Name: <i>NA</i>	Year:
School Address: <i>NA</i>	
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): C-20423 / AL Khor Community / AL Khor		
<b>SPONSORING PARENT'S INFORMATION</b>		
Name: (as per passport) Farig Mohamedzeim Ahmed		Father <input checked="" type="checkbox"/> Mother <input type="checkbox"/>
Company: Qatar Gas <input checked="" type="checkbox"/> AKIS <input type="checkbox"/> Other <input type="checkbox"/> (please specify) _____		Staff No.: 21149
Qatar ID No.: 2887360284	Nationality: Sudan	
Mobile No.: 66873752	Home Tel. No.: 55029950	Work Tel. No.: 74521
Work Email Address: Tahmed Osman @qatar gas - com - qa	Preferred contact:	
Personal Email Address: Tanazaheim @ gmail - com	Work <input type="checkbox"/> Personal <input checked="" type="checkbox"/>	
<b>OTHER PARENT'S INFORMATION</b>		
Name: (as per passport) Rayan Abd ELBAGI Ahmed		Father <input type="checkbox"/> Mother <input checked="" type="checkbox"/>
Qatar ID No.: 29273603373	Nationality: Sudan	
Mobile No.: 55029950	Home Tel. No.: 66873752	Work Tel. No.:
Email Address: rayanabduelbagi092 @ gmail - com		

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

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

IF YES, PLEASE PROVIDE DETAILS BELOW:

Name	Year	House

### 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 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?

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.



(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: Tamim Mohamed Zein Ahmed Osman

Signature: 

Date: 19.02.2023

## 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).

**TARIG MOHAMEDAZEIM**

**Name of Parent (In BLOCK letters)**





**Signature**

**19.02.2022**

**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)	NA <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:			
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.qa



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 Mohamedzeim 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 Mohamedzeim 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**

Munera Al-Kubaisi

**SENIOR PA OPERATIONS SUPERVISOR**







**State Of Qatar**  
**Residency Permit**



**دولة قطر**  
**رخصة إقامة**

ID.No: 31973601343 الرقم الشخصي:  
D.O.B: 17/08/2019 تاريخ الميلاد:  
Expiry: 22/08/2023 الصلاحية:  
Nationality: سودانية الجنسية:  
SUDAN  
Occupation: طفلة المهنة:



الإسم: شادن طارق محمدعظيم احمد

**Name: SHADIN TARIG MOHAMEDAZEIM AHMED**

Passport Number: P08576286 رقم جواز السفر:  
Passport Expiry: 03/12/2026 تاريخ انتهاء الجواز:  
Serial No: 30131973601343 الرقم المسلسل:  
Residency Type: ابنه نوع الرخصة:  
Employer: طارق محمدعظيم احمد عثمان المستقدم:

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

توقيع حامل البطاقة  
Holder's signature







A0958552 الرقم المتسلسل

شهادة ميلاد  
BIRTH CERTIFICATE

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



ملازم اول شرطة  
البراءة السليمة شادي



الضابط المسئول

عميد  
ياسر مبارك يوسف منصور  
الرتبه  
الاسم  
التوقيع



نم الفحص  
(١٠)





جمهورية السودان  
تشان وزارة الخارجية على هيئة التوثيق والتسجيل لاجراء  
27 SEP 2021  
دون مسئوليتها عن المحتويات  
التوثيق ا

أحمد عبد الرحمن س. عمر  
Ambi Abdelrahman S. Omar

تحت إشراف  
إدارة التوثيق

STATE OF QATAR دولة قطر  
Ministry of Foreign Affairs وزارة الخارجية

رقم: 2021125003566/1  
التاريخ: 27/09/2021  
السعر: 14,000 SDG  
في: شادن طارق محمد عظيم أحمد  
الخراطون

نصادق على صحة الحتم والتوقيع ل:  
وزارة الخارجية السودانية  
دون ادنى مسؤولية عن المحتويات

03411913








# Your Child's Immunization Schedule

- A. Hexa: DTap (Diphtheria, Pertusis, Tetanus) + Hib (Haemophilus influenza type B) + HBV (Hepatitis B) + IPV (Injectable Polio)
- B. 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% hydrocortisone cream OTC once or twice.

Next Vaccination	
Date	Vaccine

**For more information Please call us at:**  
**4408-2444**  
**Email : alahlireception@qatargas.com.qa**

Age Vaccine	Birth	2 Months	4 Months	6 Months	12 Months	15 Months	18 Months			4-6 Years	11-12 Years
BCG	25/8/19										
Hepatitis B											
A Hexa (DTaP+ Hib+HBV+IPV)											
B Penta (DTaP+ Hib+HBV)		9/10/19	6/11/19	4/12/19							
Rotavirus		9/10/19	6/11/19								
Oral Polio Vaccine		9/10/19	6/11/19	4/12/19							
Pneumococcal Vaccine		9/10/19	6/11/19	4/12/19							
Measles, Mumps, Rubella					9/10/20 U039614		12/12/20 U039614 50/10				
Varicella					9/20/20 U030469						
Hepatitis A					9/10/20 AHAVCOG YAB						
F Influenza											
F Meningococcal ACYW135					9/16/2020						





**مؤسسة حمد الطبية**  
**Hamad Medical Corporation**

Hamad HEALTH - EDUCATION - RESEARCH صحة - تعليم - بحوث

H.C. No. : **HC08354682** الرقم الصحي: **البطاقة الصحية**  
**Health Card**

**الإسم: شادن طارق محمد عظيم احمد**


Name: **SHADIN TARIG MOHAMEDAZEIM AHMED**

Date of Birth: **17/8/2019** تاريخ الميلاد:

Nationality: **Sudanese** الجنسية: **سودانية**

ID No: **31973601343** 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 **74**

تاريخ الإصدار  
**2/10/2022**

PHC :  
Location : **59416USN**



**State Of Qatar**  
**Residency Permit**



**دولة قطر**  
**رخصة إقامة**

ID.No: 28873602841 الرقم الشخصي:

D.O.B: 23/09/1988 تاريخ الميلاد:

Expiry: 25/01/2024 الصلاحية:

Nationality: سوداني الجنسية:

SUDAN

Occupation: مشرف موقع المهنة:



الإسم: طارق محمد عظيم احمد عثمان

**Name: TARIG MOHAMEDAZEIM AHMED OSMAN**

Passport Number: P04842599 رقم جواز السفر:

Passport Expiry: 26/06/2023 تاريخ انتهاء الجواز:

Serial No: 30128873602841 الرقم المسلسل:

Residency Type: عمل نوع الرخصة:

Employer: شركه قطر غاز للتشغيل المحدوده 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: 29273603373

الرقم الشخصي:

D.O.B.: 29/12/1992

تاريخ الميلاد:

Expiry: 22/08/2023

الصلاحية:

سودانية

الجنسية:

Nationality: SUDAN

Occupation: ربة منزل

المهنة:

الاسم: ريان عبدالباقي احمد عثمان



Name: RAYAN ADB ELBAGI AHMED OSMAN

Passport Number:

P05095240

رقم جواز السفر:

Passport Expiry:

22/09/2023

تاريخ انتهاء الجواز:

Serial No:

30129273603373

الرقم المسلسل:

Residency Type:

عائلية

نوع الرخصة:

Employer:

طارق محمد عظيم احمد عثمان

المستقدم:

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

توقيع حامل البطاقة

Holder's signature

