

## 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"/>

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): <b>Al-Siddiq</b>	Gender: Male: <input checked="" type="checkbox"/> Female: <input type="checkbox"/>
First Name (as per passport): <b>Yusha Abdurrahman</b>	Date of Birth (DD/MM/YYYY): <b>21/07/2019</b>
Place of Birth (City/ State): <b>Doha</b>	Country of Birth: <b>Qatar</b>
Passport No.: <b>564074907</b>	Nationality: <b>British</b>
Qatar ID No.: <b>31982600178</b>	HMC Medical Card No.: <b>HC06275342</b>
Religion: (required by MOEHE) Muslim <input checked="" type="checkbox"/> Christian <input type="checkbox"/> Other <input type="checkbox"/> _____	Year Group/ Class requested for admission: <b>Foundation Stage (Starting in Autumn 2023)</b>

### 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 English speaks to her child mainly in English

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

Nanny's/Maid's native language is Luganda speaks to her child mainly in English

### DETAILS OF LAST SCHOOL (if applicable)

School Name:	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): <b>Building 2,          Street 564,          Zone 74,          Al-Khor, Doha, Qatar</b>		
<b>SPONSORING PARENT'S INFORMATION</b>		
Name: (as per passport) <b>Abdurrahman Al-Siddiq</b>		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.: <b>950</b>
Qatar ID No.: <b>27782600649</b>	Nationality: <b>British</b>	
Mobile No.: <b>66493633</b>	Home Tel. No.: <b>40172681</b>	Work Tel. No.:
Work Email Address: <b>abdurrahman.alsiddiq@akis.sch.qa</b> Personal Email Address: <b>aralsiddiq@gmail.com</b>		Preferred contact: Work <input type="checkbox"/> Personal <input checked="" type="checkbox"/>
<b>OTHER PARENT'S INFORMATION</b>		
Name: (as per passport) <b>Ruhena Chowdhury</b>		Father <input type="checkbox"/> Mother <input checked="" type="checkbox"/>
Qatar ID No.: <b>28182600667</b>	Nationality: <b>British</b>	
Mobile No.: <b>77631002</b>	Home Tel. No.:	Work Tel. No.:
Email Address: <b>ruhena.chowdhury@gmail.com</b>		

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

Name: <b>Kutub Choudhury</b>	Relationship: <b>Friend</b>	Tel No(s).: <b>50096198</b>
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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 2

IF YES, PLEASE PROVIDE DETAILS BELOW:

Name	Year	House
Zakariya Al-Siddiq	Six	Avicenna
Aayah Abdurrahman Al-Siddiq	Two	Socrates

### 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.

N/A

#### 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.

N/A

#### 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.

N/A

#### 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: Abdurrahman Al-Siddiq

Signature: 

Date: 05/03/2023

## 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).

Abdurrahman Al-Siddiq

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







**Signature**

05/03/2023

**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:			
Reviewed by:			
Validated by Lead Registrar:			



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

مدرسة الخور الدولية  
AL KHOR INTERNATIONAL SCHOOL



**ADMIN-HR/1191/2023**

23 February 2023

To whom it may concern,

This is to confirm that **Abdurrahman Al Siddiq** staff number **0950**, is a bona fide employee of Al Khor International School.

Al Khor International School (AKIS) employ him full-time as **ICT Teacher / Computing** since **01/09/2013**.

The above named employee is on **Overseas Married with Children contract status** and under contract until **31/08/2023** and renewable by mutual agreement.

He currently resides at the following address;

**Building: 2**  
**Street: 564**  
**Zone: 74**  
**Doha, Qatar**

The above information is given at the request of the employee and Al Khor International School accepts no responsibility or liability.

Yours sincerely,

**STEPHEN WILLIAMS**  
Lead – Human Resources  
Al Khor International School







State Of Qatar  
Residency Permit



دولة قطر  
رخصة إقامة

ID.No: 31982600178 الرقم الشخصي:  
D.O.B.: 21/07/2019 تاريخ الميلاد:  
Expiry: 20/11/2023 الصلاحية:  
بريطانيا الجنسية:



Nationality: U K  
Occupation: طفل المهنة:

الاسم: يوشيا عبدالرحمن الصديقي

Name: YUSHA ABDURRAHMAN AL SIDDIQ

Passport Number: 564074907 رقم جواز السفر:  
Passport Expiry: 24/10/2024 تاريخ انتهاء الجواز:  
Serial No: 30331982600178 الرقم المسلسل:  
Residency Type: عقلية نوع الرخصة:  
Employer: عبدالرحمن الصديق المستقدم:  
مدير عام الإدارة العامة للجوازات  
General Director of the General  
Directorate of Passports توقيع حامل البطاقة  
Holder's signature





شهادة ميلاد / Birth Certificate

Baby Name YUSHA ABDURRAHMAN AL -SIDDIQ  
Sex Male  
Date of Birth 21/07/2019 (18/11/1440)  
Date of Birth in Words TWENTYFIRST OF JULY TWO THOUSAND NINETEENTH  
Place of Birth SIDRA MEDICINE - QATAR  
Father's Name ABDURRAHMAN AL -SIDDIQ  
Religion MUSLIM  
Nationality of Father U K  
Mother's Name RUHENA CHOWDHURY  
Religion MUSLIM  
Nationality of Mother U K  
Registration Number 015884/2019  
Registration Date 23/07/2019 14.49 PM

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

  
Registrar  
Beyan



Director of the Public Health

اسم المولود  
الجنس  
تاريخ الميلاد  
تاريخ الميلاد بالحروف  
محل الميلاد  
اسم الأب  
ديانة الأب  
جنسية الأب  
اسم الأم  
ديانة الأم  
جنسية الأم  
رقم التسجيل  
تاريخ التسجيل



BDR 86

أشهد أن ماورد أعلاه هو نقل صحيح من سجل موليد إدارة الصحة العامة بالدوحة - دولة قطر



مدير إدارة الصحة العامة



مؤسسة الرعاية الصحية الأولية  
PRIMARY HEALTH CARE CORPORATION



مؤسسة حمد الطبية  
Hamed Medical Corporation  
HEALTH - EDUCATION - RESEARCH

ولد / Boy



*Yusuf Abdurahman*



HC NUMBER: HC05780689

NAME : BABY OF RUHENA CHOWDHURY

NATIONALITY : British

DOB : 21/07/2019

GENDER : Male

HC Expiry :



المفكرة الصحية للطفل  
عيادة الطفل المتكامل

Child Health Notebook

Well Baby Clinic

الإسم  
Name

الرقم الشخصي  
ID No.

الرقم الصحي  
HC No.

المركز الصحي  
Health Centre

*Mob # 77631002*







H.C. No. : الرقم الصحي: **البطاقة الصحية**  
**HC06275342** **Health Card**

الإسم: **يوشا عبدالرحمن الصديق**  
Name: **YUSHA ABDURRAHMAN AL SIDDIQ**  
تاريخ الميلاد: **21/7/2019**  
Date of Birth: **21/7/2019**  
الجنسية: **بريطاني**  
Nationality: **British**  
الرقم الشخصي: **31982600178**  
ID No: **31982600178**

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

BLOOD GROUP: HEALTH CENT **75**

تاريخ الإصدار  
**9/8/2022**

PHC :  
Location : **68845KRN**



State Of Qatar  
Residency Permit



دولة قطر  
رخصة إقامة

ID.No: 27782600649 الرقم الشخصي:  
D.O.B.: 23/12/1977 تاريخ الميلاد:  
Expiry: 31/08/2024 الصلاحية:  
الجنسية: بريطانيا

Nationality: UK  
Occupation: مدرس

المهنة:  
الاسم: عبدالرحمن المصديق



Name: ABDURRAHMAN ALSIDDIQ

Passport Number:

516094825

رقم جواز السفر:

Passport Expiry:

25/11/2023

تاريخ انتهاء الجواز:

Serial No:

30627782600649

الرقم الممنون:

Residency Type:

عمل

نوع الرخصة:

Employer:

شركة 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: 28182600667 الرقم الشخصي:  
D.O.B.: 15/07/1981 تاريخ الميلاد:  
Expiry: 09/12/2023 الصلاحية:  
الجنسية:  
Nationality: U K بريطانية  
Occupation: ربة منزل المهنة: -



الاسم: روهينا كودهرو

Name: RUHENA CHOWDHURY

Passport Number: 134178413 رقم جواز السفر:  
Passport Expiry: 06/07/2032 تاريخ انتهاء الجواز:  
Serial No: 30728182600667 الرقم المسلسل:  
Residency Type: عائلية نوع الرخصة:  
Employer: عبدالرحمن الصديق المستقدم:  
مدير عام الإدارة العامة للجوازات  
General Director of the General  
Directorate of Passports توقيع حامل البطاقة  
Holder's signature









