



مکتب بین المللی کاردان
KARDAN INTERNATIONAL SCHOOL

APPLICATION FORM



مکتب بین المللی کاردان
KARDAN INTERNATIONAL SCHOOL

Contact Us



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8th Street, Taimani

We welcome your application for your child. In order to complete the enrolment it is important that all parts of this application are complete.

Application Date: Day/ _____ Month/ _____ Year/ _____

STUDENT INFORMATION

First Name: _____ Last Name: _____

Father Name: _____ Grand Father Name: _____

Date of Birth: (Day) _____ (Month) _____ (Year) _____

Place of Birth: _____ Sex: Male ☐ Female ☐

Language(s) Spoken at Home: _____

Tazkira or Passport Number: _____

Home Address: _____

Home Telephone Number (1): _____ Home Telephone Number (2): _____

Please list the siblings' names in Kardan International School: _____

FAMILY INFORMATION

Father/Guardian (Required)

First Name: _____

Last Name: _____

Occupation: _____

Contact No: _____

Email Address: _____

Mother/Guardian (Optional)

First Name: _____

Last Name: _____

Occupation: _____

Contact No: _____

Email Address: _____

Child Lives with: Both Parents ☐ Mother ☐ Father ☐

Other: (Please Name) _____

PICK UP INFORMATION

My child can be picked up by: School Transport ☐ Driver Pick Up ☐ Pedestrian ☐

Pick Up Person #1:

Name: Relationship to child: Contact No: Signature:

Pick Up Person #2:

Name: Relationship to child: Contact No: Signature:

CURRENT MEDICAL INFORMATION

My child has allergies: No ☐ Not Known ☐ Yes ☐

If yes, please list allergens:

Condition(s) that your child has that require(s) medical attention – such as diabetes, epilepsy, asthma, obesity, hearing or vision problems, chicken pox, measles, heart and etc.

EMERGENCY CONTACTS

Contact Person #1 (in the event of an emergency):

Name: Relationship to child: Signature: Contact Info: Occupation:

Contact Person #2 (in the event of an emergency):

Name: Relationship to child: Signature: Contact Info: Occupation:

Any paid amount will not be refunded.