



مكتب بين المللی كاردان
KARDAN INTERNATIONAL SCHOOL

APPLICATION FORM





مكتب بين المللي كاردان
KARDAN INTERNATIONAL SCHOOL

Contact Us



0786 77 81 97
0783 66 66 36



info@kis.edu.af



www.kis.edu.af



kardan international school



kardan international school



8th Street, Taimani

If applicable: Day/ _____ Month/ _____ Year/ _____

STUDENT INFORMATION

First Name: _____ Last Name: _____

Father Name: _____ Grand Father Name: _____

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

Grade: _____

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) _____

STUDENT PICK UP INFORMATION

My child can be picked up by: School Transport ☐

Family Members or Others ☐

Pick Up Person #1:

Name:

Contact No: Relationship to child:

Signature:

Pick Up Person #2:

Name:

Contact No: Relationship to child:

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.

.....

Blood Group:

EMERGENCY CONTACTS

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

Name:

Contact Info:

Relationship to child:

Occupation:

Signature:

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

Name:

Contact Info:

Relationship to child:

Occupation:

Signature: