



مکتب بین المللی کارдан
KARDAN INTERNATIONAL SCHOOL

APPLICATION FORM



مكتب بين الملل كارдан
KARDAN INTERNATIONAL SCHOOL

Contact Us

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 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: _____

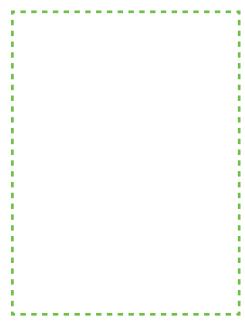


Pick Up Person #2:

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: _____