

YOUR CHILD'S PROFILE

Has your child had any previous school, playgroup or nursery experience? If so, where and how often?

What are your child's interests?

Does your child have fears or aversions?

Eating Patterns: Please comment on your child's eating habits and food preferences.

Can your child verbally communicate his/her needs effectively? Yes ☐ NO ☐

If applicable, please write the name of your child's nanny or other primary caregiver.

Other information you wish us to know:

REGISTRATION POLICIES

The following documents are required to register at Kardan International School:

- A completed Application for Admission
- A copy of your child's birth certificate or passport as proof of age
- A completed immunization form
- Two photos
- Complete documents of previous school with relevant education district attestation

CONTACT US

93 706 61 80 83
93 786 77 81 97
info@kis.edu.af

@KardanIntSchool
@KardanIntSchool

www.kis.edu.af
8th Street Taimani



مکتب بین المللی کاردان
KARDAN INTERNATIONAL SCHOOL

FORWARD THINKING

Application Form

We welcome your application for your child. In order to complete the enrollment 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: _____

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 etc.

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 : _____