



Karachi American School
APPLICATION FOR ADMISSION

Information – Part I

COMPREHENSIVE CHECKLIST

NO APPLICATION PACKAGE WILL BE CONSIDERED COMPLETE OR PROCESSED UNLESS THE FOLLOWING DOCUMENTS ARE IN ORDER:

1. Application Processing fees.
2. Completed Application Form - must be completed and signed for each child seeking admission.
3. Copy of Applicant's *birth certificate* for all applicants, plus '*B' Form* for Pakistan born children.
4. Copy of Applicant's *passport* – for all applicants.
5. Copy of Father's *passport* - for all applicants, *including entry visa if the passport is non-Pakistani*.
6. Copy of Mother's *passport* - for all applicants, *including entry visa if the passport is non-Pakistani*.
7. Applicant's Academic Record: - Certified copies of school records including:
 - a. Transcripts/report cards/mark sheets of academic achievement from previous schools for the current year and past **two** years for applicants for Elementary (Grades K4-5) and Middle School (Grades 6-8).
 - b. Transcripts/report cards/mark sheets of academic achievement from previous schools for the current year and past **three** years for applicants for High School (Grades 9-12). Please note that this requirement is for assessment of graduation credits and ***must*** be fulfilled.
 - c. Any and all copies of standardized test results, or US National Norm test results if coming from US or International schools (if any given).
 - d. Confidential letters of recommendation should be complete on the KAS recommendation form and submitted in a sealed envelope from the following:
 - 1) School counselor or school administrator recommendation form (for all applicants)
 - 2) Class Teacher recommendation (for K3/K4/K5/Grade1 applicants only).
 - 3) Math Teacher recommendation (for applicants - Grades 2-12)
 - 4) English Teacher recommendation (for applicants - Grades 2-12)

Please note that the 'Letters of Recommendation' must be completed on the KAS form and have the ranks checked or they will not be accepted. They will not be considered valid if unsealed, unstamped, contact information not filled out, look tampered with or submitted directly by the parent.

8. **3** Recent passport size photographs of applicant with white background – for all applicants.
9. A copy of the health or immunization records of applicant/s, along with the Health form filled out.
10. Overseas applicants applying from abroad for grades 3-8 must include a *recently graded writing sample* and *recently graded math test sample*. The papers must be clearly graded. The writing sample must at least **150** words in length, and can be from any English or social science subject.
11. Overseas applicants applying from abroad for grades 9 – 12 must also include a *recently graded writing sample* and *recently graded math test sample*. The writing sample must be at least **350** words in length, and can be from any English or social science subject.
12. Please attach copies of applicant's Health & Immunization record with the Health Form.

Please feel free to attach copies of any certificates, additional accolades, and achievements that you think will strengthen the application. All completed forms and records must be posted from the submitting school or may be hand carried and delivered to KAS if enclosed in an unopened officially sealed envelope. Only copies of original documents are required to be submitted but original documents are required to be shown at the time of submission of application paperwork.

Translation & attestation of documents in a language other than English is required.

Testing will be scheduled when documentation is complete and submitted to KAS.

Form - I APPLICANT

Recent
Photographs

(3 required - with
white background)

Personal Information:

Applicant's Full Legal Name (as on the passport): _____

First Name: _____ Middle Name: _____ Last Name: _____

Expected Grade Level: **K3** **K4_(PS)** **K5_(KG)** **1** **2** **3** **4** **5** **6** **7** **8** **9** **10** **11** **12** (Please circle).

- K3 - Program for 3 year olds - Age cut-off born before **August 1st**.
- Please note that the expected grade level must be in accordance with the grade level placement chart given on the Admission's link on the website www.kas.edu.pk. Grade placement is also contingent with in-house evaluation of academic skills.

Gender: Male / Female Date of Birth: Month: _____ Date: _____ Year: _____

Place of Birth: City: _____ Country: _____ Ethnicity: _____

Nationality: _____ Dual Nationality (If applicable): _____

US Citizen US permanent resident Dual US citizen Other citizenship

List any non-US countries of citizenship: _____

Age at the time of Application: _____ Expected Enrollment Date: _____

Expected Length of Enrollment: _____

***MS/HS applicants Email:** _____

(Middle School / High School - Grades 6 - 12)

***MS/HS applicant's cell phone:** _____

(Middle School / High School - Grades 6 - 12)

Karachi Address: _____

Phone (Country Code/ City Code / Number: _____

Fax (Country Code/ City Code / Number : _____

Main language/s spoken at home: _____

Approximate Percentage of time spoken: % / %

Other languages spoken: _____

Language of Instruction at current school: _____

Form - II

PREVIOUS ACADEMIC HISTORY

Age at which child began formal education: _____ In which country: _____

Current School: _____ Current Class/Grade/Year: _____ School Year: _____

Dates of attendance: Joining Date and Class: _____

Current School Address & contact person: _____

Tel #: _____ Fax #: _____

Email: _____

Previous schools attended: _____ Grade level: _____ Dates of attendance: _____

Has the applicant applied for admission to KAS previously? Yes No

Decision and date: _____

Percentage of child's tuition paid by Company % Self %

Summary:

Please fill out the chart below for current year and the last three academic years:

CLASS / YEAR / GRADE LEVEL	MIDTERM %	FINAL %	FINAL GRADE	ACADEMIC YEAR	SCHOOL

Form - III

FAMILY

To whom should the correspondence be addressed to:

Father: Mother: Both: Legal Guardian:

*** In case of legal guardian, please attach copies of guardianship authority letter.**

Check all that apply:

Mother deceased: Father deceased: Parents divorced: Parents separated:

Mother remarried: - Spouse's name: _____

Father remarried: - Spouse's name: _____

Parent (Father) / Guardian:

Full Name: _____

Nationality: _____ Dual passport (if any): _____

Spouse's name: _____

Residence Address: _____

Res Phone #: (Country Code/ City Code / Number): _____

Personal cell #: (Country Code/ City Code / Number): _____

Personal Email/s: _____

Res Fax #: (Country Code/ City Code / Number): _____

Name of Company or Sponsoring Agency: _____

Type of Work: _____

Occupational Title: _____

Head Office Location: _____

Company's Karachi Address: _____

Work Phone #: (Country Code/ City Code / Number): _____

Work cell #: (Country Code/ City Code / Number): _____

Work Email/s: _____

Work Fax #: (Country Code/ City Code / Number): _____

Parent (Mother) / Guardian:

Full Name: _____

Nationality: _____ Dual passport (if any): _____

Spouse's name: _____

Residence Address: _____

Res Phone #: (Country Code/ City Code / Number): _____

Personal cell #: (Country Code/ City Code / Number): _____

Personal Email/s: _____

Res Fax #: (Country Code/ City Code / Number): _____

Name of Company or Sponsoring Agency: _____

Type of Work: _____

Occupational Title: _____

Head Office Location: _____

Company's Karachi Address: _____

Work Phone #: (Country Code/ City Code / Number): _____

Work cell #: (Country Code/ City Code / Number): _____

Work Email/s: _____

Work Fax #: (Country Code/ City Code / Number): _____

Siblings :

Brothers/Sisters (name/s)	Date of Birth	Attending KAS, Y/N?	Currently Enrolled in	Applying to KAS, Y/N?
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

KAS Affiliation:

How did you hear about KAS?

Friend/KAS Community Office Local Reputation Website Consulate Alumni

Any other please specify: _____

If you have family member who are alumni or currently enrolled, please name them, their year of graduation or grade level attended: _____

Form - IV

VALIDATION OF INFORMATION

I HEREBY AFFIRM THE VALIDITY OF THE INFORMATION I HAVE PROVIDED ON THIS APPLICATION. FAILURE TO PROVIDE ACCURATE INFORMATION IS GROUNDS FOR NON-ACCEPTANCE OR FUTURE DISMISSAL FROM THE KARACHI AMERICAN SCHOOL.

IF MY CHILD IS ACCEPTED, I AGREE TO PAY TUITION AND FEES BY THE SPECIFIED DEADLINE OR IN THE CASE OF LATE ENROLLMENT, BY THE FIRST DAY OF THE STUDENT'S ATTENDANCE. FAILURE TO PAY ON TIME WILL RESULT IN THE WITHDRAWAL OF ACCEPTANCE AND THE AWARDING OF THE POSITION TO ANOTHER CANDIDATE.

STUDENT'S WHO HAVE BEEN ACCEPTED MUST SUBMIT A NON-REFUNDABLE REGISTRATION FEE PAYABLE WITHIN *ONE WEEK OF ACCEPTANCE*, OR THE OFFER WILL BE WITHDRAWN.

Date: _____ Signed: _____
(Parent/Guardian)

Applications can be downloaded from the KAS website at www.kas.edu.pk. A completed Application has to be submitted along with the 'Application Processing Fee'. The cost of the form and the processing fee for each academic year is listed in the 'Tuition & Information' link on our website and is updated yearly. The 'Application Processing Fee' is non-refundable.

NOTE: *KAS does not have the facilities, staff or programs required to meet the special needs of children who are learning disabled or otherwise handicapped.*

Please return to local address:

Local Address:

Admission Office
Karachi American School
Amir Khusro Road
K.D.A Scheme # 1,
Karachi, 75350,
Pakistan

Telephone #'s: (92-21)34539096(7/8/9 Four lines) Ext.217
Fax #'s: (92-21)3452-5319 / (92-21)3454-7305
E-mail: admissions@kas.edu.pk



Form - V

CORRESPONDENCE

Applicant:

Child's Name: _____

Grade: _____ School Year: _____

Date of Birth: _____ Place of Birth: _____

Middle School/High School (Grades 6-12) Applicant Cell #: _____

Middle School/High School (Grades 6-12) Applicant Email: _____

Residence Landline #/s: _____

Parent / Guardian - 1:

Father's Name: _____

Father's Cell #: _____

Father's Email: _____

Parent / Guardian - 2:

Mother's Name: _____

Mother's Cell #: _____

Mother's Email: _____

Emergency Contact-1 (Other than Parent/Guardian) :

Full Name: _____

Relationship to the applicant: _____

Res Phone #: (Country Code/ City Code / Number): _____

Personal cell #: (Country Code/ City Code / Number): _____

Personal Email/s: _____

Emergency Contact-2 (Other than Parent/Guardian) :

Full Name: _____

Relationship to the applicant: _____

Res Phone #: (Country Code/ City Code / Number): _____

Personal cell #: (Country Code/ City Code / Number): _____

Personal Email/s: _____

Form - VI

CONFIDENTIAL RECOMMENDATIONS

Class Teacher Recommendation Form: For K3, K4 and K5 applicants only.

Student Name: _____ *of Grade:* _____ *School Year:* _____

has applied for admission Karachi American School. KAS is a selective and competitive college preparatory school. Virtually all graduates attend four-year colleges and universities. Because we are a small college preparatory school we do not offer programs, nor are we able to accommodate, children with *learning disabilities or reading problems*.

Please fill in this form to the best of your ability to help us evaluate this applicant for our program. Please be frank and honest in your comments. Your candor is appreciated. These forms are held in strict confidence by the Admission Committee.

How long have you known this applicant? _____

What is the student's current grade or percentage in class? _____

Are you aware of any specific learning problems or disabilities that this student may have? Y/N? _____

If yes please explain: _____

*Please give us your honest appraisal encompassing any/all attributes listed below for this candidate:
English Ability & Mathematical abilities; Intellectual Qualities; Study Habits; Extra-Curricular; Desire to Learn; Creativity; Behavior etc.*

Your observations will be very important to us in our admission decision. Please be specific where appropriate. Additional comments that you feel would be helpful in evaluating this candidate may be submitted on the reverse of this form or may be separately attached. Please note that these forms are confidential and official and should be sealed and stamped.

Name: _____ Signature: _____

School: _____ Date: _____

Contact Email: _____ Contact Tel #: _____

We request that your recommendation be confidential. Please either fax this form or have it sealed with an official school stamp and posted to:

Admission Office
Karachi American School
K. D. A. Scheme #1,
Amir Khusro Road
Karachi, 75350, Pakistan

Tel #'s: (92-21) 3453-9096(7/8/9 - Four lines) Ext. 217
Email to: admissions@kas.edu.pk , jahaniaafshan@kas.edu.pk
Fax #'s: (92-21) 3-452-5319 & (92-21) 3-454-7305

Form - VI

CONFIDENTIAL RECOMMENDATIONS

Math Teacher Recommendation Form: (For all applicants other than K3, K4(PS), K5(KG)).

Student Name: _____ *of Grade:* _____ *School Year:* _____

has applied for admission Karachi American School. KAS is a selective and competitive college preparatory school. Virtually all graduates attend four-year colleges and universities. Because we are a small college preparatory school we do not offer programs, nor are we able to accommodate, children with *learning disabilities or reading problems*.

Please fill in this form to the best of your ability to help us evaluate this applicant for our program. Please be frank and honest in your comments. Your candor is appreciated. These forms are held in strict confidence by the Admission Committee.

How long have you known this applicant? _____

What is the student's current grade or percentage in class? _____

Are you aware of any specific learning problems or disabilities that this student may have? Y/N? _____

If yes please explain: _____

*Please give us your honest appraisal encompassing any/all attributes listed below for this candidate:
Mathematical ability; Intellectual Qualities; Study Habits; Extra-Curricular; Desire to Learn; Creativity; Behavior etc.*

Your observations will be very important to us in our admission decision. Please be specific where appropriate. Additional comments that you feel would be helpful in evaluating this candidate may be submitted on the reverse of this form or may be separately attached. Please note that these forms are confidential and official and should be sealed and stamped.

Name: _____ Signature: _____
School: _____ Date: _____
Contact Email: _____ Contact Tel #: _____

We request that your recommendation be confidential. Please either fax this form or have it sealed with an official school stamp and posted to:

Admission Office
Karachi American School
K. D. A. Scheme #1,
Amir Khusro Road
Karachi, 75350, Pakistan

Tel #'s: (92-21) 3453-9096(7/8/9 - Four lines) Ext. 217
Email to: admissions@kas.edu.pk , jahaniaafshan@kas.edu.pk
Fax #'s: (92-21) 3-452-5319 & (92-21) 3-454-7305

Form - VI

CONFIDENTIAL RECOMMENDATIONS

English Teacher Recommendation Form: (For all applicants other than K3, K4(PS), K5(KG)).

Student Name: _____ *of Grade:* _____ *School Year:* _____

has applied for admission Karachi American School. KAS is a selective and competitive college preparatory school. Virtually all graduates attend four-year colleges and universities. Because we are a small college preparatory school we do not offer programs, nor are we able to accommodate, children with *learning disabilities or reading problems*.

Please fill in this form to the best of your ability to help us evaluate this applicant for our program. Please be frank and honest in your comments. Your candor is appreciated. These forms are held in strict confidence by the Admission Committee.

How long have you known this applicant? _____

What is the student's current grade or percentage in class? _____

Are you aware of any specific learning problems or disabilities that this student may have? Y/N? _____

If yes please explain: _____

*Please give us your honest appraisal encompassing any/all attributes listed below for this candidate:
English Ability; Intellectual Qualities; Study Habits; Extra-Curricular; Desire to Learn; Creativity; Behavior etc.*

Your observations will be very important to us in our admission decision. Please be specific where appropriate. Additional comments that you feel would be helpful in evaluating this candidate may be submitted on the reverse of this form or may be separately attached. Please note that these forms are confidential and official and should be sealed and stamped.

Name: _____ Signature: _____
School: _____ Date: _____
Contact Email: _____ Contact Tel #: _____

We request that your recommendation be confidential. Please either fax this form or have it sealed with an official school stamp and posted to:

Admission Office
Karachi American School
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Email to: admissions@kas.edu.pk , jahaniaafshan@kas.edu.pk
Fax #'s: (92-21) 3-452-5319 & (92-21) 3-454-7305

HEALTH HISTORY FORM

PREVIOUS HEALTH HISTORY:

Has the applicant been evaluated for Learning Disabilities/Differences? Yes No
If yes, please explain:

*** Please attach copy/copies of any/all evaluations done in this regard.**

Has the applicant been diagnosed with any chronic or recurring health condition? Yes No
If yes, please explain:

Does the applicant take medication? If so, name the medication and frequency:

Is there any reason that the child should not take part in physical education classes/Sports program?

No Yes If 'Yes', please explain:

HEALTH HISTORY CONTINUED:

(Check any item that applies.
For disease, such as Chicken Pox, please provide date of illness.
Provide details of allergies in space provided below.)

Allergy	Epilepsy	Kidney Problems	Scarlet Fever
Asthma	Eye (Visual) Problems	Measles	Scoliosis
Chicken Pox	Glasses or Contacts	Mumps	Speech Problem
Convulsions (Fits)	Hearing Loss	Polio	Tonsillitis
Ear Infections	Hernia	Pneumonia	Whooping Cough

Please provide any further details or other medical information that you feel is relevant.
The timely provision and accuracy of this information is/can be vital for your child’s health.

*** Please attach copy/copies of any/all evaluations done in this regard.**

The School has a supply of simple medicines and dressings available for first aid treatment for your child under the supervision of a qualified nurse. By signing below, you give permission to the person designated by the Karachi American School to administer first aid treatment.

Please read the statement below carefully before signing.

In case of emergency, I give permission for the Karachi American School to take my son/daughter to a hospital (in most cases Agha Khan University Hospital & Medical Center) and agree to cover all expenses incurred for the emergency care

I, also, agree to grant the school full authority to act in loco parentis for my child in case of emergency. Furthermore, by my signature, I verify that all the information on this document is complete and true to the best of my knowledge.

Parent’s Signature: _____ Date: _____