



Karachi American School
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KAS Mission & Values

Mission:

“Our mission at KAS is to cultivate intellect, creativity, and character in all members of our inclusive community to prepare ourselves for the many challenges of the world and to grow in belonging within it.”

Vision:

“Community members of Karachi American School come to us from all walks of life and from these varied backgrounds we gain strength through diversity of opinions and experiences. Our community will encourage creativity of mind, initiative in activity, boldness of behaviour, and an ability to adapt to the changing world. Inherent in this relentless goal is a celebration of the rights and values of others, a commitment to self-expression, and the acknowledgement of our responsibility for the global community that sustains us. In our environment students will develop a kind, mature, and confident character capable of exercising sound judgement in new environments and changing social circumstances.”

Values:

We believe that:

- All people have inherent worth.
- All individuals are responsible for the choices they make.
- All people have the potential to achieve.
- A community thrives when its' diverse members cooperate and contribute.
- There are universal, secular moral values.
- Creativity, adaptivity and effort are essential to success.
- Proactive planning meets the challenges of a changing world.

Learning Philosophy and Theory:

‘The Karachi American School believes in providing the highest quality American education, rooted in the values of individuality, innovation, diversity, inclusion, and achievement. Our curriculum includes a rigorous study of academic subjects, the arts, physical education, and athletics, as well as an abundance of involvement in leadership, extracurricular activities, and community service. KAS

recognizes that each student has unique potential and believes that fostering the growth of individual talent is crucial to its success as a learning community. KAS faculty are passionate about the subjects they teach, foster respectful and inclusive learning environments, and believe in the capacity of all children to excel.

At KAS, students are expected to nourish a passion for learning as well as a commitment to self-discipline, personal growth, and social responsibility. We also expect students to build strong skills in communication, critical reasoning, and research. As an international school, KAS recognizes that its students come from varied backgrounds. Students are expected to use this opportunity to share their diverse experiences and skills in order to promote the development of themselves and of their fellow students. In the process, KAS students develop the capacity for leadership both locally and globally.”

Karachi American School

KAS Application Checklist

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

A. Records Release Form

- 1. Records Release Form - signed & dated.

B. Personal Documents

- 1. KAS Application Processing Fee
- 2. KAS Completed & Signed Application
- 3. Picture - 3 Passport size - Applicant (with white background)
- 4. Picture – 1 Family Picture
- 5. Birth Certificate copy (Hospital/NADRA) – Applicant
- 6. Passport copy - Applicant (Any / All - with Visas)
- 7. B' Form copy (NADRA) - Applicant (If Pakistani)
- 8. Passport copy - Father (Any / All - with Visas)
- 9. CNIC or NICOP copy (NADRA) - Father (If Pakistani)
- 10. Passport copy - Mother (Any / All - with Visas)
- 11. CNIC or NICOP copy (NADRA) - Mother (If Pakistani)
- 12. Family Registration Certificate (FRC) (NADRA) copy (If Pakistani)

C. Academic Documents

- 1. Transcript - till date (For Middle School/High School - MSHS)
- 2. Report - Current academic year, beginning till most current
- 3. Report - Previous 3 academic yrs - MidYear/Qtr/Sem/Final - till date
- 4. Recommendation - Current school Principal or Counselor
- 5. Recommendation - Current Class Teacher (for skills - K3/K4/K5/Gr1)
- 6. Recommendation - Current Math Teacher (Grades 2 till 12)
- 7. Recommendation - Current English Teacher (Grades 2 till 12)
- 8. Standardized Test copies - Any / All
- 9. Test Sample - Recently graded Math test sample (Overseas applicants)
- 10. Test Sample - Recently graded English Writing (Overseas applicants)
- 11. Class Work Samples - (Early Learning Center (ELC) applicants only)
- 12. Any other work, certificates or documents that you wish to attach

Please note that all recommendations must be sealed / stamped.

D. Health

- 1. KAS Application Health & Immunization form (filled & signed)
- 2. Vaccination Record copy (Birth till date) – Applicant

Documents in a foreign language must have attested English translation attached.



Karachi American School

KAS Records Release Form

Date: _____

Name of previous / current school: _____

Address: _____

School Contact #'s: _____

School Email's: _____

School Contact Person Name: _____

School Contact Person Designation: _____

School Contact Person Tel #'s: _____

School Contact Person Email's: _____

City: _____ State/Province: _____ Country: _____

To Whom It May Concern

I hereby give permission to you, to release all academic, health & other pertinent records, pertaining to my child:

Name of Student: _____

Date of Birth (MM/DD/YYYY): _____

Place of Birth: _____

Current Class/Grade Level: _____

Academic Year: _____

Joining Date & Class: _____

Withdrawal Date: _____

Parent's Full Name: _____

Parent's Signature: _____

Please Forward All Information To:

Address:

Contact Person:

Admission Office
Karachi American School
KDA Scheme # 1
Four Lines) Ext. 217
Amir Khusro Road
Karachi – 75350
Pakistan

Name: Afshan Z. Jahania
Designation: Admission Director
Contact #: (9221) 34539096 (7/8/9)
Contact Email: JahaniaAfshan@kas.edu.pk ;
admissions@kas.edu.pk

Official Sealed/Stamped Transcript is required for all MSHS Applicants

Form 1: Personal Information

Please attach 1 Family Picture + 3 Applicant Passport Size Pictures (with white background).

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

First Name: _____

Middle Name: _____

Last Name: _____

Expected Entry Month:

Expected Academic Year:

Expected Grade Level (encircle or tick):

Early Learning Center (ELC)	K3		K4		K5
Elementary School (ES)	1	2	3	4	5
Middle School (MS)	6		7		8
High School (HS)	9	10	11	12	

Gender: Male _____ Female _____ Other _____

Date of Birth: Year _____ Month _____ Date _____ Age _____

Place of Birth: City _____ Country _____ Ethnicity _____

Nationality: Nationality _____ Dual Nationality _____

US Citizen _____ Dual US Citizen _____

Passports: Passport # 1 _____ Passport # 2 _____

National ID: 'B' Form / CNIC / NICOP _____ Other _____

**MS/HS Applicant's Contact Information (Middle School / High School - Grades 6 - 12):*

**Email / Emails:* _____

**Cell # / Cell #'s:* _____

Languages:

Main Language/s Spoken at Home: _____

Approximate % of time spoken: _____ Other Languages Spoken: _____

Language of Instruction at Current School: _____

Siblings:

<i>Name</i>	<i>Date of Birth</i>	<i>Curr Class/Grade</i>	<i>Current School</i>	<i>Applying (For) Y/N</i>

KAS Alumni / Community Affiliation / How did you hear about us?

Form 2: Academic Information

Schooling:

Age at which child began formal education: _____ In which country: _____
 Current Class/Academic Year: _____ Current School & campus: _____
 Dates of Attendance – Joining/till last attended: _____

If Applicable – Dates of Attendance of Previous Schools:

Previous School Name – Joining/Withdrawal Dates: _____
 Previous School Name – Joining/Withdrawal Dates: _____

Current School Contact Information & Contact Person:

School Name & Branch: _____
 Address: _____

Current School Contact #'s: _____
 Current School Email: _____
 Contact Person Name: _____
 Contact Person Designation: _____
 Contact Person Cell/Tel/Ext: _____
 Contact Person Email: _____

Applied previously to KAS? If yes, please provide the following information:

<i>Date of Application</i>	<i>For Class</i>	<i>For Academic Year</i>	<i>Decision</i>

If available, please attach a copy of the decision letter / email.

Tuition & Fee:

Tuition Paid by: Company %: _____ Self %: _____ Sponsor %: _____
 CNIC # of Tuition Payer: _____ NTN # of Tuition Payer: _____

Academic Summary – Current Year + Last 3 Years (Grades 2-12):

<i>Class / Year / Grade Level</i>	<i>School Year</i>	<i>Final %</i>	<i>Final Overall Grade</i>	<i>School Name</i>

Form 3: Contact Information

Family:

To whom should the correspondence be addressed to - check box:

Father Mother Both Legal Guardian

Names & Titles of Addressee: _____

Pronouns of Addressee: _____

In case of legal guardianship/custody, attach court /Authority Letter copy.

Check/list all that apply (if):

Mother deceased: _____ Father deceased: _____ Parents divorced: _____

Father remarried: _____ Spouse name: _____

Mother remarried: _____ Spouse name: _____

Guardianship: _____ Legal Guardian name: _____

Applicant:

Full Name: _____ Current Grade/Class & School: _____

Date of Birth: _____ Place of Birth: _____

Applicant's Personal Email: _____

Applicant's Personal Cell #: _____

Address:

Current Address: _____

Residence Landline # 1: _____ Residence Landline # 2: _____

Karachi Local Address: _____

Residence Landline # 1: _____ Residence Landline # 2: _____

Family:

Family - Parent / Guardian – 1:

Father's Name: _____

Father's Cell #: _____

Father's Email: _____

Family - Parent / Guardian – 2:

Mother's Name: _____

Mother's Cell #: _____

Mother's Email: _____

Emergency:

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

Name: _____ Relationship to Applicant: _____

Cell #: _____ Email: _____

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

Name: _____ Relationship to Applicant: _____

Cell #: _____ Email: _____

Form 4: Parent Information

Family - Parent (Father) / Guardian – 1:

Full Name: _____

CNIC / NICOP # for PK Nationals: _____

Passport1: _____ Passport2: _____

Country1: _____ Country2: _____

Spouse Name: _____

Residence Address: _____

Personal Cell #'s: _____

Personal Emails: _____

Organization / Company or Sponsoring Agency:

Name: _____

Head Office: _____

Karachi Office: _____

Occupational Title / Nature of work: _____

Work Landline: Ext. _____

Work Email1: Work Email2: _____

Family - Parent (Mother) / Guardian – 2:

Full Name: _____

CNIC / NICOP # for PK Nationals: _____

Passport1: _____ Passport2: _____

Country1: _____ Country2: _____

Spouse Name: _____

Residence Address: _____

Personal Cell #'s: _____

Personal Emails: _____

Organization / Company or Sponsoring Agency:

Name: _____

Head Office: _____

Karachi Office: _____

Occupational Title / Nature of work: _____

Work Landline: Ext. _____

Work Email1: Work Email2: _____

Form 6: IMMUNIZATION FORM

A Copy of the Official Immunization Records Must be attached to this Form.

Student's name:

LAST

FIRST

MIDDLE

Birth date:

MONTH

DATE

YEAR

Male

Female

Father's name:

Mother's name:

<i>Vaccines</i>	<i>Date Vaccine Given</i>	<i>Date of Last Booster</i>	<i>Country in which vaccine received</i>
DPT			
TD			
Polio / OPV			
MMR			
Measles			
Mumps			
Rubella			
BCG			
Hepatitis A			
Hepatitis B			
Hi B			
Typhoid (Oral or Injection)			
Pre-Exposure Rabies			
Gamma Globulin			
Yellow Fever			
CoVid Vaccinations Ages 12+ (Optional)			

Minimum Required Immunizations (Schedule as per World Health Organization)

- * OPV (Oral Polio Vaccine)
- * Td (Tetanus Toxoid Booster)
- * MMR (Measles, Mumps Rubella)
- * DPT (Diphtheria, Pertusis and Tetanus)
- * Hepatitis B
- * Covid-19 Vaccination (12+ mandatory)

Recommended Immunizations:

- * Hepatitis A
- * HiB (Hemophilus B Influenza)
- * Pre-Exposure Rabies

Please Complete the Second Page of the Immunization/Health Form

Immunization Record Revised Order 199/SDALI, R.N.

Please attach a copy of the immunization card with this form if available.

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?

Yes No

If yes, please explain:

Health History continued:

(Check any item that applies.

For diseases 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: _____

VALIDATION OF INFORMATION

Learning Needs & Special considerations:

Are you aware of any specific (diagnosed or undiagnosed) special learning needs? If diagnosed, please attach all reports & evaluations previously conducted, or/and specify below:

Authentication of Information:

I hereby affirm the validity of the information I have provided on this application. Failure to provide accurate information is ground for non-acceptance or future dismissal from the Karachi American School.

If my child is accepted, I agree to pay the Registration, Tuition & all dues by the specific deadline, or in the case of late enrollment, as specified on the tuition voucher. Failure to pay on time will result in the withdrawal of acceptance, and the awarding of the position to another deserving candidate.

Parent/Guardian's Signature:

Date:

Once completed, please submit to:

Address:

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

Contact Numbers:

(92 21) 3453 9096 (7/8/9 Four lines)
Ext.217 & 215

Fax #'s:

(92 21) 3452 5319 &
(92 21) 3454 7305

Email: admissions@kas.edu.pk

