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 Form Processing fees.
2. Completed Application Form - must be completed and signed for each child seeking admission.
3. Copy of Applicant’s birth certificate and ‘B’ Form (For Pakistan born children)
4. Copy of Applicant’s passport
5. Copy of Father’s passport, including entry visa if the passport is non-Pakistani.
6. Copy of Mother’s passport, including entry visa if the passport is non-Pakistani.
7. Applicant’s School 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. All 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 KS4/KS5 Grade1 applicants only).
      3) Math Teacher recommendation (for applicants for Grades 2-12)
      4) English Teacher recommendation (for applicants for 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. Recent passport size photographs of applicant with white background.

9. A copy of the health or immunization records of applicant/s, along with the Health form filled out.

10. Students from abroad applying 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. Students from abroad applying 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. Applicants from U.S, Canadian or International schools must attach a copy of a recent/last given Standardized test scores, if available.

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. A copy of the original document must be submitted with the translated copy.

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

KAS is a non-profit organization. The school contracts for personnel and supplies a year in advance. Annual tuition and fees for all students must therefore be paid in advance, in accordance with the established schedule.

Tuition covers the cost of basic textbooks, classroom and art supplies, laboratory equipment and materials, physical training equipment and part of the cost of most school athletic activities. It does not include the use of recreational facilities after school hours.

KAS bases its tuition and fees on estimated operational expenses. If, for reasons beyond the control of KAS, a deficit should occur, the Board of Directors may vote to establish an additional per-pupil charge. Parents are obligated to pay these additional charges on the dates set by the Board of Directors.

APPLICATION FEE:

All students wishing to be considered for admission to KAS must apply using the prescribed Application Form. The Application Form is available at the Admissions and Guidance Office or can be obtained electronically. The cost of the form and the processing of the application is US$250 or equivalent in Rupees, and is non-refundable.

NEW STUDENTS – REGISTRATION FEE:

There is a one-time, non-refundable Registration Fee for every new student accepted/entering KAS. This fee of US$ 9,000 + 5% tax per student reserves a place in class for the admitted student and is payable within one (1) week from the date of admission.

Should this registration fee not be paid within one (1) week, the place will be given to another applicant at the discretion of the school.

Should a student withdraw from the school and return in less than 12 calendar months, the registration fee will not be levied when that student reapplies.

ANNUAL TUITION:

<table>
<thead>
<tr>
<th>Grade</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>K3</td>
<td>$4,840 (+5% tax)</td>
</tr>
<tr>
<td>K4</td>
<td>$9,690 (+5% tax)</td>
</tr>
<tr>
<td>K5 to Grade 5</td>
<td>$14,321 (+5% tax)</td>
</tr>
<tr>
<td>Grades 6 – 8</td>
<td>$14,341 (+5% tax)</td>
</tr>
<tr>
<td>Grades 9 – 11</td>
<td>$14,371 (+5% tax)</td>
</tr>
<tr>
<td>Grade 12</td>
<td>$14,721 (+5% tax)</td>
</tr>
</tbody>
</table>

TAX:

CNIC/Passport No: is required for tax entry.

The annual tuition above includes the Student Activity Fee (K5 - Grade 12 and the Graduation Fee -Grade 12 only). The fee for AP examinations will be billed separately.
**METHOD OF PAYMENT:**

**A)** **US Dollar Payment**  
All students other than Pakistani Nationals.

Foreign currency account holders in Pakistan are required to pay via a bank draft through a US bank located in the United States. Only personal dollar checks cashable in the U.S. will be accepted. Credit for the student’s tuition payment will be applied only when the School receives notification from the bank that funds are available. Payment in cash is not accepted.

US Bank checks or bank drafts are to be made out to “Karachi American Society School” and sent by registered mail to the following address:

KARACHI AMERICAN SCHOOL  
Attention: Business Manager  
Amir Khusro Road  
K.D.A. Scheme # 1  
Karachi 75350, Pakistan

**B)** **Rupee Payment:** Only Pakistani Nationals and dual nationals holding Pakistani nationality at birth, may pay in Rupees.

Tuition and fees are established in US$ - Payment can be made in Pak Rupees at the prevailing open market exchange rate.

Payment of Rupees may be by personal check or pay order, but will be credited only when KAS receives notification from the bank that funds are available. Payment in cash is not accepted.

Checks or pay orders are to be made out to “Karachi American Society School” and sent by registered mail to the following address:

Karachi American School  
Attention: Business Manager  
Amir Khusro Road  
K.D.A Scheme # 1  
Karachi 75350, Pakistan

**WIRE TRANSFERS:**
For wire transfers please contact the Business Office directly for details.  
Add $60 for Bank charges, and make sure to forward a copy of your bank remittance advice by fax or email to KAS, Business Office to ensure your payment is credited correctly.

**TUITION PAYMENT SCHEDULE:**

**A)** **Annual Tuition and Fees paid in US$ - Dollars**

Annual tuition fee for returning students of 70% must be paid in full no later than May 15th.  
Second installment to be paid by November 10th.

Students who enroll or are accepted after May 15th for the subsequent school year must make the payment at the time of acceptance, in accordance with the established schedule.

Fees not paid by the due date will be subject to a 2% penalty plus tax per month.

**B)** **Annual Tuition and Fees paid in Rupees (Pakistani Nationals)**
If parents wish to pay annual tuition and fees in one installment in rupees, they may pay the full amount by May 15th at the prevailing exchange rate of the day of payment.

Payments can also be made in two installments, the first for 70% of the tuition by May 15th of the current school year, and the second 30% of the tuition to be paid by November 10th.

Fees not paid by the due date will be subject to a 2% penalty plus tax per month.

1) First installment

The invoice for the first installment will be mailed to parents by April 10th. Payments are accepted at the Business Office until May 15th.

Checks and pay orders are to be made to: "Karachi American Society School".

2) Second Installment

Similar to the procedures regarding the first installment, the invoice for the second installment will be mailed to parents by October 23rd. Payments are accepted at the Business Office from October 25th until November 10th.

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**TUITION PAYMENT FOR PARTIAL ATTENDANCE IN THE 2017-2018 SCHOOL YEAR**

<table>
<thead>
<tr>
<th>First Semester</th>
<th>Date Entered</th>
<th>Amount Payable</th>
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<tr>
<td>First Quarter</td>
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<td>Full Year</td>
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<tr>
<td>Until 5th week of 2nd Quarter</td>
<td>Full Year</td>
<td></td>
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<tr>
<td>From 6th week of 2nd Quarter</td>
<td>Three Full Quarters</td>
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<tr>
<th>Second Semester</th>
<th>Date Entered</th>
<th>Amount Payable</th>
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<tr>
<td>Third Quarter</td>
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<tr>
<td>Until 5th week of 4th Quarter</td>
<td>Full Semester</td>
<td></td>
</tr>
<tr>
<td>From 6th week of 4th Quarter</td>
<td>Full Semester</td>
<td></td>
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**Refund Policy of Tuition Fee:**

1) If written notification from a parent/member of the Society is received that a student will be withdrawn before the first day of the semester, a full refund of tuition for that semester will be given.

2) If a parent/member of the Society notifies the school in writing of their intent to withdraw a student within the first 30 calendar days of a semester, 50% of the tuition for that semester will be refunded. If a student is withdrawn after 30 calendar days from the beginning of the semester, no refund of tuition will be granted for that semester.

3) The above also applies to a student who has been admitted and enrolled, but does not attend classes.

4) All refunds of tuition fees are made directly back to the individuals or company from which the funds were received. Refunds are made in the currency of the original payment.
5) Should a situation occur where the school must be closed due to factors beyond its control, the Board of Directors will determine if a refund of tuition is applicable.

6) Should the school need to call for a withdrawal of a student during a semester, the refund of tuition will be applicable as under Board Policy 6.4034.

**OTHER FEES, CHARGES AND PENALTIES:**

**SERVICE CHARGES:**

Any additional financial costs for wire transfers, collecting outstation checks/drafts, charges on returned checks, etc. are the responsibility of the parents.

**PENALTIES:**

Parents/members of the Society are expected to pay tuition and/or fees on time.

Tuition and/or fees not paid by the due date will be subject to a 2% service charge plus tax per month. This financial charge will be calculated from the day after due date of payment and will cease on the day that school receives notification that the transfer payment of funds has taken place.

Non-payment of tuition and/or fees at the beginning of school will result in denying the student the privilege of being seated in class. If a student withdraws with a balance due to the school, the student's records are not released until all arrears, including any outstanding late fees, are paid.

**RESERVED POSITION:**

Full annual tuition and fees must be paid in advance by students wishing to remain enrolled for the following year.

Should the student not be physically present in class for the period enrolled and paid for, his/her seat may be yielded to another applicant who will be present in class. In such a case, only the balance of fees will be refunded from the date when KAS receives written notification that the student will definitely not return.

If a student leaves KAS without having paid full annual tuition and fees in advance, readmission will not be guaranteed. Additionally, the student will be subject to the registration fee if he/she wishes to re-enroll.

Should a delay in enrollment be requested by the parents/members of the Society after initial acceptance of the student at KAS, the reserved place will be honored only if full tuition is paid in advance.

**PLEASE FEEL FREE TO VISIT OUR WEBSITE at www.kasedu.pk**

Revised: December, 2016
Adopted: December, 2016
Effective: May 15, 2017
Form - I
APPLICANT

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:

<table>
<thead>
<tr>
<th>CLASS / YEAR/ GRADE LEVEL</th>
<th>MIDTERM %</th>
<th>FINAL %</th>
<th>FINAL GRADE</th>
<th>ACADEMIC YEAR</th>
<th>SCHOOL</th>
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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:

<table>
<thead>
<tr>
<th>Brothers/Sisters (name/s)</th>
<th>Date of Birth</th>
<th>Attending KAS, Y/N?</th>
<th>Currently Enrolled in</th>
<th>Applying to KAS, Y/N?</th>
</tr>
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<tbody>
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</table>

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 members 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.

STUDENTS WHO HAVE BEEN ACCEPTED INTO K3, K4-PRESCHOOL OR KS-KINDERGARTEN MUST SUBMIT A NON-REFUNDABLE REGISTRATION FEE PAYABLE BY MAY 1st 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
KDA Scheme # 1,
Karachi, 75350,
Pakistan

Telephone #s: (92-21)3-453-9096(7/8/9 Four lines) Ext: 217
Fax #s: (92-21)3-452-5319 / (92-21)3-454-7305
E-mail: admissions@kas.edu.pk
CHECKLIST

A complete application contains the following documents:

1. The application form completed for each child seeking admission.
2. Photocopies of applicant’s Birth Certificate, Form ‘B’ (if Pakistani national) and passport/s.
3. Photocopies of the passport of both parents (Pakistani/Non Pakistani), including entry visa if the passport is non-Pakistani. Dual nationality holders have to submit copies of both passports.
4. A photocopy of the working parent’s work-permit if the passport is non-Pakistani.
5. Certified copies of school records including:
   a. Transcripts/reports cards/mark sheets of academic achievement from previous schools for the current academic year till date & the past 3 years (if applicable). A clear and descriptive grading scale must be enclosed.
   b. All standardized test results from schools in the United States (if any).
   c. Confidential letters of recommendation should be completed on the KAS Recommendation Form and submitted in a sealed envelope from the following persons:
      1) Math teacher
      2) English teacher
      3) School counselor or school administrator
      4) Class Teacher Recommendation (For K3, K4(PS) and K5(KG) only, instead of Math/Eng Teacher Recommendations).
   *Note: Letters of recommendation must have the ranks completed or they will not be accepted.
6. 3 Recent passport photographs.
7. Health or Vaccination records.

In addition, applicants may also be required to take an admission’s placement test and provide a writing sample.

FOR OFFICE USE ONLY

<table>
<thead>
<tr>
<th>Application Filing Date:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Processing Fee Receipt Date:</td>
</tr>
<tr>
<td>In-House Testing Date:</td>
</tr>
<tr>
<td>Classroom Screening Date:</td>
</tr>
<tr>
<td>Interview / Parent Interview:</td>
</tr>
</tbody>
</table>
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 then 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

Counselor, Principal or Headmaster Recommendation Form: (For all applicants)

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 #: (92-21) 3453-9096(7/8/9 - Four lines) Ext. 217
Email to: admissions@kas.edu.pk , jahaniaafshan@kas.edu.pk
Fax #: (92-21) 3-452-5319 & (92-21) 3-454-7305
Class Teacher Recommendation Form:
For K3 (Program for 3 year olds) / K4 (PreSchool) and K5 (Kindergarten) 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 #: (92-21) 3453-9096(7/8/9 - Four lines) Ext. 217
Email to: admissions@kas.edu.pk , jahaniaafshan@kas.edu.pk
Fax #: (92-21) 3-452-5319 & (92-21) 3-454-7305
Form - VI

CONFIDENTIAL RECOMMENDATIONS

Math Teacher Recommendation Form: (For all applicants other then 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 #: (92-21) 3453-9096(7/8/9 - Four lines) Ext. 217
Email to: admissions@kas.edu.pk, jahaniaafshan@kas.edu.pk
Fax #: (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).

<table>
<thead>
<tr>
<th>Student Name:</th>
<th>of Grade:</th>
<th>School Year:</th>
</tr>
</thead>
</table>

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:

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Email to: admissions@kas.edu.pk, jahaniaafshan@kas.edu.pk
Fax #: (92-21) 3-452-5319 & (92-21) 3-454-7305
Student’s name:  

Last  First  Middle

Birth date:  

Month/Date/Year  Male  Female

Father’s name:  

Mother’s name:  

<table>
<thead>
<tr>
<th>Vaccine</th>
<th>Date Vaccine Given</th>
<th>Date of Last Booster</th>
<th>Country in which Vaccine Received</th>
</tr>
</thead>
<tbody>
<tr>
<td>DPT</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>TD</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Polio/OPV</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>MMR</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Measles</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mumps</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Rubella</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>BCG</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hepatitis A</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hepatitis B</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>HiB</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Typhoid (Oral or Injection)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pre-exposure Rabies</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Gamma Globulin</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Yellow Fever</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Minimum Required Immunizations (Schedule as per World Health Organization)**

- *OPV (Oral Polio Vaccine)
- *DPT (Diphtheria, Pertusis and Tetanus)
- *Td (Tetanus Toxoid Booster)
- *Hepatitis B
- *MMR (Measles, Mumps Rubella)

**Recommended Immunizations**

- *Hepatitis A
- *HiB (Hemophulus 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.
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.)

<table>
<thead>
<tr>
<th>Allergy</th>
<th>Epilepsy</th>
<th>Kidney Problems</th>
<th>Scarlet Fever</th>
</tr>
</thead>
<tbody>
<tr>
<td>Asthma</td>
<td>Eye (Visual) Problems</td>
<td>Measles</td>
<td>Scoliosis</td>
</tr>
<tr>
<td>Chicken Pox</td>
<td>Glasses or Contacts</td>
<td>Mumps</td>
<td>Speech Problem</td>
</tr>
<tr>
<td>Convulsions (Fits)</td>
<td>Hearing Loss</td>
<td>Polio</td>
<td>Tonsillitis</td>
</tr>
<tr>
<td>Ear Infections</td>
<td>Hemia</td>
<td>Pneumonia</td>
<td>Whooping Cough</td>
</tr>
</tbody>
</table>

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: