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. 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

Personal Information:

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

First Name: ___________________________ Middle Name: ___________________________ Last Name: ___________________________

Expected Grade Level: K3  K4(KPS)  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 ☐

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:
_________________________________________

Recent Photographs
(3 required - with white background)
# 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? [ ]

**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>
</tr>
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<tbody>
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</tbody>
</table>
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): 

5/15
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>
</thead>
<tbody>
<tr>
<td>__________________________</td>
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<td>__________________________</td>
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<td>______________________</td>
</tr>
</tbody>
</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.

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:**

<table>
<thead>
<tr>
<th>Child’s Name:</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Grade:</th>
<th>School Year:</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Date of Birth:</th>
<th>Place of Birth:</th>
</tr>
</thead>
</table>

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

<table>
<thead>
<tr>
<th>Middle School/High School (Grades 6-12) Applicant Email:</th>
</tr>
</thead>
</table>

**Residence Landline #/s:**

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### Parent / Guardian - 1:

<table>
<thead>
<tr>
<th>Father’s Name:</th>
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</table>

<table>
<thead>
<tr>
<th>Father’s Cell #:</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Father’s Email:</th>
</tr>
</thead>
</table>

### Parent / Guardian - 2:

<table>
<thead>
<tr>
<th>Mother’s Name:</th>
</tr>
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</table>

<table>
<thead>
<tr>
<th>Mother’s Cell #:</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Mother’s Email:</th>
</tr>
</thead>
</table>

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

<table>
<thead>
<tr>
<th>Full Name:</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Relationship to the applicant:</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Res Phone #: (Country Code/ City Code / Number):</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Personal cell #: (Country Code/ City Code / Number):</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Personal Email/s:</th>
</tr>
</thead>
</table>

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

<table>
<thead>
<tr>
<th>Full Name:</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Relationship to the applicant:</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Res Phone #: (Country Code/ City Code / Number):</th>
</tr>
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</table>

<table>
<thead>
<tr>
<th>Personal cell #: (Country Code/ City Code / Number):</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Personal Email/s:</th>
</tr>
</thead>
</table>
Form – VI
CONFIDENTIAL RECOMMENDATIONS

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

<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 & 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
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
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 #: (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
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  
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 - VII
IMMUNIZATION FORM

A COPY OF OFFICIAL IMMUNIZATION RECORDS MUST BE ATTACHED TO THIS FORM.

Student’s name:

Birth date:        Male     Female
      MONTH/ DATE/ YEAR

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>
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</thead>
<tbody>
<tr>
<td>DPT</td>
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<tr>
<td>TD</td>
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<tr>
<td>Polio/OPV</td>
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<tr>
<td>MMR</td>
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<tr>
<td>Measles</td>
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<td></td>
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<tr>
<td>Mumps</td>
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<td></td>
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<tr>
<td>Rubella</td>
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<td>BCG</td>
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<td></td>
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<tr>
<td>Hepatitis A</td>
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<tr>
<td>Hepatitis B</td>
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<tr>
<td>HiB</td>
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<td></td>
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<tr>
<td>Typhoid (Oral or Injection)</td>
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<td></td>
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<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>
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<tr>
<td>Other</td>
<td></td>
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</tr>
</tbody>
</table>

Minimum Required Immunizations (Schedule as per World Health Organization)
* OPV (Oral Polio Vaccine)    * DPT (Diphtheria, Pertussis 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.
**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.)

<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: