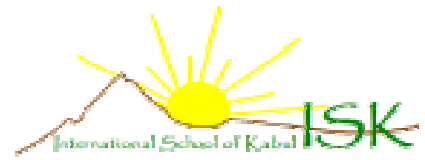


International School of Kabul



Initial Application Form

Fill out this form and mail it to:
International School of Kabul
PO Box 5084
Karte Char
Kabul, Afghanistan

Student

Last Name _____ Given Names _____

Circle Gender: Male Female Birthdate _____

Birthplace _____ Passport Country _____

Education	School	Grade Level(s)	Average Marks
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Health/Learning Comments _____

Parents

Father _____ Mother _____

Address _____

Phone _____

Email _____

Affiliation/ Business _____

Emergency Contact _____

I / We request enrollment in the International School of Kabul. I / We understand that continued enrollment depends on:

1. Student following school guidelines
2. Student demonstrating adequate academic progress
3. Keeping student account current

Parent signature/Date

Student signature/Date

Approve/Disapprove

Notes-

This section for Office use only
