



Emergency Contact Person

Relationship with Child  Phone

Address

Do you require food service facility for your child? (At an additional charge) Yes  No

Do you require transportation services for your child? (At an additional charge) Yes  No

Do you require day care services for your child? (At an additional charge) Yes  No

Please specify other requirements, if any: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

★ Details of Child's Sibling(s) ★			
Sr. No.	Name	Age	Education, including name of Present School
1.			
2.			
3.			

I certify that the above particulars given by me are true and I agree to abide by the rules, regulations and policies of the school.  
I understand that registration does not guarantee admission to the school.

Name of Parent/Guardian  Date

Signature

**FOR OFFICE USE ONLY**

Admitted in Kindergarten / Grade  Division  on

Transport point \_\_\_\_\_

PRINCIPAL



**Aptech International School, Near Emergency Hospital, Kabul, Afghanistan.**