

# YOGYAKARTA INDEPENDENT SCHOOL Mail: P.O. Box 1175 Yogyakarta 55011, INDONESIA

## **STUDENT ENROLLMENT FORM**

1. STUDENT INFORMA	ATION				
First Name					
Family Name					
Date of Birth / Gender					
Nationality					
Passport Number					
Home Address					
Home Phone / Fax					
Languages Spoken by Student					
Previous School (s)					
Grades Completed					
Expected Date of Enrollment / for Grade					
2. FAMILY INFORMATI	ON				
FATHER			MOTH	ER	
First Name			First Name		
Family Name			Family Name		
Mobile Phone			Mobile Phone		
Place of Employment			Place of Employment		
Business Address			Business Address		
Business Phone/Fax			Business Phone/Fax		
E-Mail			E-Mail		
I/We will be in Yogya until (date)					
Student lives with:	Both	Fa	ther	Mother	Guardian / Caregiver
3. SIBLINGS' INFORMA	ATION	1			,
Nama / Age / Gender					
Nama / Age / Gender					
Nama / Age / Gender					
4. IF GUARDIAN / CAR	EGIVER, PLE	ASE C	OMPLE	ETE *	
First Name					
Family Name					
Address					
Home Phone/Fax					
Mobile Phone					
Business Phone/Fax					
E-Mail					



Y	OGYAKART	A INDEPENDENT SCHOOL
		D. Box 1175 Yogyakarta 55011, INDONESIA
5. CONTACT IN CASE O	F EMERGENCY	
First Name		
Family Name		
Address		
Home Phone/Fax		
Mobile Phone		
Business Phone/Fax		
E-Mail		
6. PERMISSION FOR FIE	LD TRIPS / SURAT	IZIN UTUK EKSKURSI
The undersigned parents or guardian of the student, whose name is stated in block 1. above, gives permission to the Yogyakarta Independent School (YIS) to take their child on school-sponsored field trips during regular school days.		Yang bertanda tangan di bawah ini selaku orang tua atau wali murid dengan nama yang tertulis di blok 1. di atas, memberikan izin kepada Yogyakarta Independent School (YIS) untuk menjemput anak mereka waktu ekskursi di luar sekolah pada hari sekolah biasa.
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7. PERMISSION TO USE  The undersigned parents or student, whose name is state above, gives permission to independent School to use a photos and video recordings Parents and Students Hand Website, Brochure, and other	guardian of the ted in block 1. the Yogyakarta and post student s for the YIS lbook, Year Book,	Yang bertanda tangan di bawah ini selaku orang tua atau wali murid dengan nama yang tertulis di blok 1. di atas, memberi izin kepada Yogyakarta Independent School (YIS) untuk menggunakan foto dan video untuk YIS Parents and Students Handbook, Year Book, Website, Brosur, dan informasi atau publikasi lain.
8. AUTHORIZATION FOR	R ACCIDENTS / SU	RAT KUASA UNTUK KECELAKAAN
The undersigned parents or student, whose name is state above, give authority to the Independent School (YIS) ir to provide first aid, seek the doctor, health clinic or hosp or guardian can be contacted.	ted in block 1. Yogyakarta n case of an accident assistance of a ital until the parents	Yang bertanda tangan di bawah ini selaku orang tua atau wali murid dengan nama yang tertulis di blok 1. di atas, memberikan kuasa kepada Yogyakarta Independent School (YIS) dalam hal terjadi kecelakaan untuk memberikan pertolongan pertama ataupun mencari pertolongan dokter atau rumah sakit hingga orang tua ataupun wali murid yang bersangkutan di atas dapat dihubungi.
and that they agree to comp Parents and Students Hand	oly with the policies an lbook, including the re	at the above information is complete and correct, d regulations of the school as stated in the gulations related to the payment of tuition fees. ent in Yogyakarta Independent School
Place / Date Signed for confirmation of e	enrollment in the Yogya	Name and signature of Parent or Guardian akarta Independent School

Name and signature of YIS Principal

Place / Date



# YOGYAKARTA INDEPENDENT SCHOOL

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## **APPENDIX I: STUDENT HEALTH AND EMERGENCY DATA**

Gender of your child.	Male	Female	
Blood Type of your child	A B	AB O	
Family doctor	Name:	Phone:	
Do any medical conditions apply to your child? If	- asthma	- urinary infections	
the answer is YES, please CIRCLE the relevant	- congenial anomalies	- menstrual problems	
conditions, and comment.	- convulsion epilepsy	- post-operational	
	- diabetes	- rheumatic fever	
	- ear infections	- skin problem	
	- hearing headaches	- tuberculosis	
	- heart problems	- visual problems	
	- kidney problems	- other (specify)	
Do you have an immunization record for your	- BCG	- Tetanus (booster)	
child? If the answer is YES, please CIRCLE and	- DPT (Diphteria-	- Hepatitis B	
give last date of immunization.	Pertussis-Tetanus)	- Hepatitis A	
	- DT (Diphteria-	- Typhoid	
	Tetanus)	- HiB	
	- Polio	- Varicella, chicken pox	
	- Measles	- Japanese	
	- MMR (Measles-	Encephalitis	
	Mumps-Rubella)	- Others (specify)	
Is your child on medication? If the answer is	YES / NO		
YES, specify type of medicine and explain.	VEC / NO		
Does your child have any limitations to physical activities? If the answer is YES, specify	YES / NO		
When was the last time that your child had a			
general physical examination?			
Does your child have any known allergies (food,	YES / NO		
insects, etc.)? If the answer is YES, specify	0,		
allergy, describe reaction, and explain treatment.			
Does your child have a history of reaction to any	YES / NO		
medication? If the answer is YES, please specify			
medicine, describe reaction, and explain			
treatment.  Does your child have any special food restriction	YES / NO		
(religious, personal, medical)? If the answer is	TES/NO		
YES, please specify restriction.			
Does your child wear glasses, or contact lenses?	YES / NO		
Are there other problems or information relevant	YES / NO		
to your child's health that the school should be			
aware of? If the answer is YES, please explain.			
Does your child have any learning disability? If	YES / NO		
the answer is YES, please describe.			
Has your child had a tuberculosis skin test, or	YES / NO		
chest X-ray, during the last 12 months? If the			
answer is YES, what were the results?			
What is your Medical Insurance Company, Policy Number, Contact			
Agreement. Permission is hereby given for	Place / Date:		
emergency measures to be initiated in case of an	1doo / Dato.		
accident or sudden illness with the understanding	Name:		
that Parent or Guardian will be notified as quickly			
as possible. I certify that all information on this			
form is complete and correct.	Signed by Parent or Guardian		