



YOGYAKARTA INDEPENDENT SCHOOL

Mail: P.O. Box 1175 Yogyakarta 55011, INDONESIA

STUDENT ENROLLMENT FORM

1. STUDENT INFORMATION

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	
Enrollment Date & Grade	

2. FAMILY INFORMATION

FATHER		MOTHER	
First Name		First Name	
Family Name		Family Name	
Nationality		Nationality	
Mobile Phone		Mobile Phone	
Occupation		Occupation	
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	Father	Mother	Guardian / Caregiver

3. SIBLINGS' INFORMATION

Nama / Age / Gender	
Nama / Age / Gender	
Nama / Age / Gender	

4. IF GUARDIAN / CAREGIVER, PLEASE COMPLETE *

First Name	
Family Name	
Address	
Home Phone/Fax	
Mobile Phone	
E-Mail	



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5. CONTACT IN CASE OF EMERGENCY

First Name	
Family Name	
Address	
Home Phone/Fax	
Mobile Phone	
E-Mail	

6. PERMISSION FOR FIELD TRIPS / SURAT IZIN UNTUK EKSKURSI

The undersigned parents or guardian of the student, whose name is stated in block 1. above, gives permission to the Yogyakarta International School (YIS) to take their child on school-sponsored field trips during regular school days.	<i>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 International School (YIS) untuk menjemput anak mereka waktu ekskursi di luar sekolah pada hari sekolah biasa.</i>
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7. PERMISSION TO USE PICTURES / IZIN UNTUK PAKAI FOTO

The undersigned parents or guardian of the student, whose name is stated in block 1. above, gives permission to the Yogyakarta International School to use and post student photos and video recordings for the YIS Parents and Students Handbook, Year Book, Website, Brochure, and other information.	<i>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 International School (YIS) untuk menggunakan foto dan video untuk YIS Parents and Students Handbook, Year Book, Website, Brosur, dan informasi atau publikasi lain.</i>
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8. AUTHORIZATION FOR ACCIDENTS / SURAT KUASA UNTUK KECELAKAAN

The undersigned parents or guardian of the student, whose name is stated in block 1. above, give authority to the Yogyakarta International School (YIS) in case of an accident to provide first aid, seek the assistance of a doctor, health clinic or hospital until the parents or guardian can be contacted.	<i>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 International 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.</i>
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The undersigned Parents or Guardian declare that the above information is complete and correct, and that they agree to comply with the policies and regulations of the school as stated in the Parents and Students Handbook, including the regulations related to the payment of tuition fees. I/We agree with terms and conditions for enrollment in Yogyakarta Independent School

Place / Date

Name and signature of Parent or Guardian

Signed for confirmation of enrollment in the Yogyakarta International School

Place / Date

Name and signature of YIS Principal



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 the answer is YES, please CIRCLE the relevant conditions, and comment.	<ul style="list-style-type: none"> - asthma - congenial anomalies - convulsion epilepsy - diabetes - ear infections - hearing headaches - heart problems - kidney problems 		<ul style="list-style-type: none"> - urinary infections - menstrual problems - post-operational - rheumatic fever - skin problem - tuberculosis - visual problems - other (specify) 	
Do you have an immunization record for your child? If the answer is YES, please CIRCLE and give last date of immunization.	<ul style="list-style-type: none"> - BCG - DPT (Diphtheria- Pertussis-Tetanus) - DT (Diphtheria- Tetanus) - Polio - Measles - MMR (Measles- Mumps-Rubella) 		<ul style="list-style-type: none"> - Tetanus (booster) - Hepatitis B - Hepatitis A - Typhoid - HiB - Varicella, chicken pox - Japanese Encephalitis - Others (specify) 	
Is your child on medication? If the answer is YES, specify type of medicin and explain.	YES / 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, insects, etc.)? If the answer is YES, specify allergy, describe reaction, and explain treatment.	YES / NO			
Does your child have a history of reaction to any medication? If the answer is YES, please specify medicin, describe reaction, and explain treatment.	YES / NO			
Does your child have any special food restriction (religious, personal, medical)? If the answer is YES, please specify restriction.	YES / NO			
Does your child wear glasses, or contact lenses?	YES / NO			
Are there other problems or information relevant to your child's health that the school should be aware of? If the answer is YES, please explain.	YES / NO			
Does your child have any learning disability? If the answer is YES, please describe.	YES / NO			
Has your child had a tuberculosis skin test, or chest X-ray, during the last 12 months? If the answer is YES, what were the results?	YES / NO			
What is your Medical Insurance Company, Policy Number, Contact				
<u>Agreement.</u> Permission is hereby given for emergency measures to be initiated in case of an accident or sudden illness with the understanding that Parent or Guardian will be notified as quickly as possible. I certify that all information on this form is complete and correct.	Place / Date:			
	Name:			
	Signed by Parent or Guardian			