



Annual Enrollment Renewal Form

to be completed and signed by parents of **current** YIS students

Ref.: Form YIS-AERF-19052026

1. STUDENT INFORMATION

First Name		
Family Name		
Date of Birth / Gender	DOB:	Gender (<i>circle one</i>): M / F
Nationality*) & Current Passport No.	Nationality:	Passport No.:
Home Address		

*) Parents and Students of Indonesian Nationality must submit copies of their latest Family Card and ID Cards, for Government registration purposes.

2. FAMILY INFORMATION

FATHER		MOTHER	
First Name		First Name	
Family Name		Family Name	
Mobile Phone		Mobile Phone	
E-mail		E-mail	
Student lives with (<i>circle one</i>): BOTH PARENTS / FATHER / MOTHER / GUARDIAN			

3. SIBLINGS INFORMATION

Name / Age / Gender		Name / Age / Gender	
Name / Age / Gender		Name / Age / Gender	

4. GUARDIAN INFORMATION

Name	
Address	
Mobile Phone	
E-Mail	

5. DECLARATION OF AGREEMENT / PERNYATAAN PERSETUJUAN

<p>The undersigned Parents or Guardian declare that the above information is complete and correct and agree to comply with the policies and regulations of the school as stated in the YIS Parents and Students Handbook, including the regulations related to payment of school fees. I/We agree with the terms and conditions for Annual Enrollment Renewal in the Yogyakarta Independent School.</p>	<p><i>Orang Tua atau Wali yang bertanda tangan di bawah ini menyatakan bahwa informasi di atas lengkap dan benar serta setuju untuk mematuhi kebijakan dan peraturan sekolah sebagaimana tercantum dalam Buku Pegangan Orang Tua dan Siswa YIS, termasuk peraturan terkait pembayaran biaya sekolah. Saya/Kami menyetujui syarat dan ketentuan Perpanjangan Pendaftaran Tahunan di Sekolah Merdeka Yogyakarta.</i></p>
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Understood and agreed:

_____ Place / Date

_____ Name and signature of Parents or Guardian

_____ Place / Date

_____ Name and signature of YIS Principal



UPDATED STUDENT HEALTH AND EMERGENCY DATA

to be completed and signed by parents of **current** YIS students
(with Annual Enrollment Renewal Form)

Name of your child				
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 - congenital anomalies - convulsion epilepsy - diabetes - ear infections - 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) 	
Is your child on medication? If the answer is YES, specify type of medicine and explain.	YES / NO			
Does your child have any limitations to join in physical activities? If the answer is YES, specify.	YES / NO			
When was the last time that your child had a general physical examination?	Date:			
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 medicine, describe reaction, and explain treatment.	YES / NO			
Does your child have any special food restrictions (personal, medical, religious)? If the answer is YES, please specify restrictions.	YES / NO			

6. AUTHORIZATION FOR ACCIDENTS / SURAT KUASA UNTUK KECELAKAAN

<p>The undersigned parents or guardian of the student, hereby give authority to the Yogyakarta Independent 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.</p>	<p><i>Yang bertanda tangan di bawah ini selaku orang tua atau wali murid, 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.</i></p>
Signed for agreement:	
Place / Date	Name and signature of Parents or Guardian
Place / Date	Name and signature of YIS Principal