



## Student Enrollment Form

*Ref.: YIS-SEF20262027*

### 1. STUDENT INFORMATION

First Name			
Family Name			
Date of Birth / Gender	DOB:	Gender ( <i>circle one</i> ): M / F	
Nationality*)	WNI / WNA ( <i>circle one</i> )		
	<i>Please indicate your nationality:</i>		
Religion			
Passport Number			
Home Address			
Home Phone / Fax			
Languages Spoken by student			
Previous School(s)			
Grades Completed			
Enrollment Date & Grade			

\*) Parents and Students of Indonesian Nationality (WNI) 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	
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 Yogyakarta until: ( <i>date</i> )			
Student lives with: ( <i>circle one</i> )		BOTH / FATHER / MOTHER / GUARDIAN	

### 3. SIBLINGS' INFORMATION

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

### 4. GUARDIAN INFORMATION

First Name	
Family Name	
Address	
Mobile Phone and E-mail	



**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 PENGGUNAAN PHOTO**

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. WAIVER**

YIS reserves the right to contact all applicant's previous schools and to request copies of reports and the results of any educational assessments.	
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**9. AUTHORIZATION FOR ACCIDENTS / SURAT KUASA UNTUK KECELAKAAN**

The undersigned parents or guardian of the student, whose name is stated in block 1 above, 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.	<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 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>
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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.

Place and date:

Place and date:

\_\_\_\_\_  
Name and signature of parent or guardian

\_\_\_\_\_  
Name and signature of Principal



## APPENDIX I: STUDENT HEALTH AND EMERGENCY DATA

Gender of your child	Male		Female	
	A	B	AB	O
Blood Type of your child				
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"> <li>- asthma</li> <li>- congenital anomalies</li> <li>- convulsion epilepsy</li> <li>- diabetes</li> <li>- ear infections</li> <li>- headaches</li> <li>- heart problems</li> <li>- kidney problems</li> </ul>		<ul style="list-style-type: none"> <li>- urinary infections</li> <li>- menstrual problems</li> <li>- post-operational</li> <li>- rheumatic fever</li> <li>- skin problem</li> <li>- tuberculosis</li> <li>- visual problems</li> <li>- other (specify)</li> </ul>	
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"> <li>- BCG</li> <li>- DPT (Diphtheria-Pertussis-Tetanus)</li> <li>- DT (Diphtheria-Tetanus)</li> <li>- Polio</li> <li>- Measles</li> <li>- MMR (Measles-Mumps-Rubella)</li> </ul>		<ul style="list-style-type: none"> <li>- Tetanus (booster)</li> <li>- Hepatitis B</li> <li>- Hepatitis A</li> <li>- Typhoid</li> <li>- HiB</li> <li>- Varicella, chicken pox</li> <li>- Japanese Encephalitis</li> <li>- Others (specify)</li> </ul>	
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			
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				
<b>Agreement.</b> Permission is hereby given for emergency measures to be initiated by the school in case of an accident or sudden illness with the understanding that Parent or Guardian will be notified as quickly as possible.	<p>I certify that this information is correct.</p> <p>Place / Date:</p> <p>Name:</p> <p>Signed by Parent or Guardian:</p>			