



## Annual Enrollment Renewal Form

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

Form YIS-SRF-170522

### 1. STUDENT INFORMATION

First Name			
Family Name			
Date of Birth / Gender	DOB:	/ Gender (Circle one.)	M F
*Nationality & CURRENT Passport No.	Nationality	/ Passport No.	
Home Address			

### 2. FAMILY INFORMATION

FATHER		MOTHER	
First Name		First Name	
Family Name		Family Name	
Mobile Phone		Mobile Phone	
E-Mail		E-Mail	
Student lives with (Circle one):    BOTH PARENTS    FATHER    MOTHER    GUARDIAN			

### 3. SIBLINGS' INFORMATION

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

### 4. IF GUARDIAN / CAREGIVER, PLEASE COMPLETE

Name	
Address	
Mobile Phone	
E-Mail	

### 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 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 the payment of school fees. I/We agree with terms and conditions for Annual Re-enrollment in the Yogyakarta Independent School.

\_\_\_\_\_

Place / Date

\_\_\_\_\_

Name and signature of Parent or Guardian

\_\_\_\_\_

Place / Date

\_\_\_\_\_

Name and signature of YIS Principal

\*Parents and Students of Indonesian Nationality must submit copies of their latest Family Card and ID Cards, for government registration purposes. Thank you for your cooperation.



## **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. _____ _____ _____	- asthma - congenital anomalies - convulsion epilepsy - diabetes - ear infections - hearing headaches - heart problems - kidney problems		- 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 physical activities? If the answer is YES, specify.	YES / NO			
<b>*When was the last time that your child had a general physical examination?</b>	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 (religious, personal, medical)? If the answer is YES, please specify restrictions.	YES / NO			
<b>Agreement.</b> 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 this information is correct. Place / Date: Name: Signed by Parent or Guardian:			