



PLAZA AMATA SHOP NO A 31-32
GWK CULTURAL PARK
JL RAYA ULUWATU
UNGGASAN, BALI INDONESIA
P +623618734338

PASSPORT
PHOTO

ALL NEW ENROLMENTS MUST SUBMIT THE FOLLOWINGS:

-  1 RECENT CHILD'S PASSPORT PHOTO
-  PHOTOCOPY OF BOTH PARENTS' ID (PASSPORT/KITAS/KTP)
-  CHILD'S PREVIOUS SCHOOL REPORT(S)
-  PHOTOCOPY OF CHILD'S BIRTH CERTIFICATE
-  PHOTOCOPY OF CHILD'S IMMUNIZATION RECORD

SCHOOL USE ONLY

STUDENT ID:

STUDY YEAR:

APPLICATION DATE:

CLASS:

STUDENT'S PERSONAL DETAILS

FAMILY NAME (LAST NAME) :

MIDDLE NAME(S) :

GIVEN NAME (FIRST NAME) :

GENDER: M / F

DATE OF BIRTH :

NATIONALITY :

RELIGION :

LANGUAGE(S) SPOKEN :

STUDENT RESIDES WITH:

BOTH PARENTS / FATHER / MOTHER / OTHER (PLEASE SPECIFY)

ADDRESS :

TELEPHONE NO. :

SCHOOL HISTORY

SCHOOL(S) PREVIOUSLY ATTENDED :

STATE / COUNTRY :

NAME OF SIBLING(S) ATTENDING BUKIT SUNRISE SCHOOL :

PARENTS DETAILS

PARENT 1 (FATHER OR GUARDIAN)

FULL NAME :

ADDRESS (IF DIFFERENT FROM ABOVE) :

WORK PHONE :

HOME PHONE :

MOBILE NO. :

NATIONALITY :

OCCUPATION :

LANGUAGE(S) SPOKEN :

EMAIL ADDRESS :

PARENT 2 (MOTHER OR GUARDIAN)

FULL NAME :

ADDRESS (IF DIFFERENT FROM ABOVE) :

WORK PHONE :

HOME PHONE :

MOBILE NO. :

NATIONALITY :

OCCUPATION:

LANGUAGE(S) SPOKEN :

EMAIL ADDRESS :



EMERGENCY CONTACTS

NAME :

RELATIONSHIP TO CHILD :

WORK PHONE :

HOME PHONE :

MOBILE NO. :

STUDENT'S HEALTH

BRIEF MEDICAL HISTORY (PLEASE GIVE DETAILS OF ANY CONDITIONS) :

DOES YOUR CHILD HAVE ANY DIFFICULTIES WITH SPEECH / VISION / HEARING

IF YES, PLEASE SPECIFY :

DOES YOUR CHILD SUFFER FROM ANY ALLERGIES? YES / NO

IF YES, PLEASE SPECIFY :

PLEASE INDICATE THE DEGREE OF SEVERITY : ACUTE / MODERATE / MILD

WHAT MEDICATION/ TREATMENT IS PRESCRIBED?

DOES YOUR CHILD SUFFER FROM ANY ASTHMA? YES / NO

IF YES, PLEASE SPECIFY :

PLEASE INDICATE THE DEGREE OF SEVERITY : ACUTE / MODERATE / MILD

WHAT MEDICATION/ TREATMENT IS PRESCRIBED?

DOES YOUR CHILD HAVE ANY OTHER DIAGNOSED MEDICAL CONDITION(S)? YES / NO

IF YES, PLEASE SPECIFY :

DOES YOUR CHILD HAVE HEALTH INSURANCE? YES / NO

FAMILY DOCTOR'S NAME :

FAMILY DOCTOR'S TELEPHONE NO. :



STUDENT'S HEALTH

I GIVE THE SCHOOL PERMISSION FOR MY CHILD TO BE TRANSPORTED BY AMBULANCE OR CAR TO THE LOCAL HOSPITAL IN THE EVENT OF AN EMERGENCY IF I CANNOT BE CONTACTED IN ADVANCE.

PARENT 1 (FATHER OR GUARDIAN)

SIGNATURE :

NAME :

DATE :

PARENT 2 (MOTHER OR GUARDIAN)

SIGNATURE :

NAME :

DATE :

PREFERRED HOSPITAL :

COURT OR CUSTODY ORDERS

ARE THERE ANY CUSTODY ISSUES, COURT ORDERS OR MUTUAL ARRANGEMENTS THAT THE SCHOOL SHOULD BE AWARE? YES / NO

IF YES, PLEASE PROVIDE DETAILS :

PARENT 1 (FATHER OR GUARDIAN)

SIGNATURE :

NAME :

DATE :

PARENT 2 (MOTHER OR GUARDIAN)

SIGNATURE :

NAME :

DATE :

TRANSPORTATION

USUAL MODE OF TRANSPORT :

ARE YOU INTERESTED IN A SCHOOL BUS SERVICE? YES / NO



TRANSPORTATION

FOR SECURITY PURPOSES, PLEASE PROVIDE DETAILS AND ID (PHOTOCOPY) OF THE ADULT, WHO IS AUTHORISED TO PICK UP YOUR CHILD FROM SCHOOL.

NAME OF ADULT :

RELATIONSHIP TO CHILD :

MOBILE PHONE :

ID NUMBER :

- PHOTOCOPY OF ID (PASSPORT/KITAS/KTP)

STATEMENT

I DECLARE THAT ALL INFORMATION GIVEN ABOVE IS ACCURATE AND COMPLETE, AND THAT ALL DOCUMENTS PROVIDED ARE RECENT AND LEGAL. SHOULD ANY OF THE ABOVE CIRCUMSTANCES CHANGE, I WILL INFORM THE SCHOOL IN WRITING.

PARENT 1 (FATHER OR GUARDIAN)

SIGNATURE :

NAME :

DATE :

PARENT 2 (MOTHER OR GUARDIAN)

SIGNATURE :

NAME :

DATE :

