








PERUMAHAN KENCANA RESORT I / 88  
UNGASAN - JIMBARAN, BALI  
+623618953228 +6281238012143

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 :

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RELATIONSHIP TO CHILD :

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WORK PHONE :

HOME PHONE :

MOBILE NO. :

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## 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 :

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**DOES YOUR CHILD SUFFER FROM ANY ALLERGIES? YES / NO**

IF YES, PLEASE SPECIFY :

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

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WHAT MEDICATION/ TREATMENT IS PRESCRIBED?

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**DOES YOUR CHILD SUFFER FROM ANY ASTHMA? YES / NO**

IF YES, PLEASE SPECIFY :

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

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WHAT MEDICATION/ TREATMENT IS PRESCRIBED?

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

IF YES, PLEASE SPECIFY :

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**DOES YOUR CHILD HAVE HEALTH INSURANCE? YES / NO**

FAMILY DOCTOR'S NAME :

FAMILY DOCTOR'S TELEPHONE NO. :

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## 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 :

