



Sanur Independent School Admission Form

Jalan Tukad Nyali 35A (Primary Centre), Jln Tukad NYali 35B (Early Years Centre) Sanur, Denpasar, Bali
Telp. and Fax. +62361 286 016, Web: www.sisbali.sch.id, Email: info@sisbali.sch.id

Thank you for your interest to Sanur Independent School (SIS Bali). Please, fill in the admission form completely and provide required documents. We will use the information on this form to provide education programs, make appropriate contact in emergencies, and undertake planning and reporting activities.

Section A Checklist of Required Documents

Please, make sure that you have completed all required documents prior to submission

- Copy of Birth Certificate
- Copy of Child Passport/Visa/Kitas
- Copy of Child National ID Number (Indonesian)
- Copy of Parents Passport/Visa/Kitas/ID card
- Copy of recent school report
- Copy of Family Register (Indonesian)
- Copy of Immunization records Child)
- Child Photograph (4 x 6 size, any background)
- Payment slip for Tuitions and Fees
- Other related documents

Section B Child's Details

Full Name		
Preferred Name	Birth of Date (DD/MM/YYYY)	Gender (M/F)
Country of Birth	Nationality	
Religion (Indonesian)	Language spoken	
Address in Bali		
Transport to school (walk, bike, car, school bus, etc)		
Educational Background (Please, state the school details before enrolling at SIS Bali)		
School Name		
Grade/Level	Year	Country
Siblings details (enrolling at SIS)		
Full Name	Gender (M/F)	Grade
Full Name	Gender (M/F)	Grade
Full Name	Gender (M/F)	Grade

Section C Parent/Guardian Details (1)

Relationship to Child (Father, Mother, Guardian, others)	Gender (M/F)
Full Name	
In residence with child (Yes/No/Shared care)	Birth of Date (DD/MM/YYYY)
Nationality	Religion (Indonesian)
Occupation	Position
Passport Number	
Address in Bali (Home, if not in residence with child)	
Mobile Phone	Email
Address (Business)	
Phone (Business)	Website (Business)
Educational Background (Bachelor, Magister, Ph.D.)	

Section D Parent/Guardian Details (2)

Relationship to Child (Father, Mother, Guardian, others)	Gender (M/F)
Full Name	
In residence with child (Yes/No/Shared care)	Birth of Date (DD/MM/YYYY)
Nationality	Religion (Indonesian)
Occupation	Position
Passport Number	
Address in Bali (Home, if not in residence with child)	
Mobile Phone	Email
Address (Business)	
Phone (Business)	Website (Business)
Educational Background (Bachelor, Magister, Ph.D.)	

Section E Emergency Contact

Parent/Guardian named in Section C and D is assumed to be the first two emergency contacts. Names provided below are for other contact people if the first two cannot be reached.

Relationship to Child (aunt, uncle, grandma, others) Gender (M/F)

Full Name

Address in Bali (Home, if not in residence with child)

Mobile Phone

Email

Relationship to Child (aunt, uncle, grandma, others)

Gender (M/F)

Full Name

Address in Bali (Home, if not in residence with child)

Mobile Phone

Email

If none of our emergency contacts cannot be reached, I give permission for my child to receive medical treatment as following:

Yes/No

To be given anesthetic, if required, in emergency

To be transported to the nearest hospital or government health centre or to private doctor (named in section F – doctors details) with available vehicles e.g. private car, taxi, ambulance), and I will pay any charge arising from this transport

Section F Medical Information

Does your child has specific medical conditions or allergies or dietaries or needs? (Yes/No)

If Yes, please provide detail condition and medication (e.g. Asthma, Bee stings, Epileptic, etc)

Is your child fully immunized? (Yes/No)

If Yes, please provide your child's immunization details (e.g. Poliomyelitis, Measles, Mumps, Rubella MMR, Tetanus, Malaria, Typhoid, Hepatitis, Whooping cough, etc)

Doctor's Full Name

Address

Phone

Mobile

Section G Permissions

I give permission for my child to take part in the following activities:

Yes/No

School excursion/Field trip

Sporting Activities/BSSA

School events

I give permission for my child's photos and videos footage:

Yes/No

To be shared with other families at school events

To be used in school' magazines

To be viewed for events as promotional resources

To be up loaded in school's websites and social media (FB, IG, Youtube)

Section H Declaration and Agreement

I DECLARE that the information on this application form is true and correct, and I understand that the school reserves the right to vary or reverse any decisions regarding admission made on the basis of incorrect information. I understand that the admission is conditional on the following:

Genuine and full academic effort

Compliance with SIS Behavioral Management Policy

Compliance with Indonesian Government requirements

Acceptance of fees and payment terms and conditions

Section I Limitation of Liability

I hereby AGREE to the following guidelines regarding my child at SIS Bali:

While due care, attention and supervision is administered by staff at all times between 8.30 a.m. – 3.15 p.m. Monday to Friday, in case of a serious accident on or off the school premises, Sanur Independent School does not accept LIABILITY for any resulting injury that may occur.

I acknowledge that in case of any damage or destruction caused by my child in or off the premises of Sanur Independent School (including excursion), parent/guardian accepts full moral and financial responsibility

I hereby AGREE to the above mentioned "Limitation of Liability" and will ensure that Sanur Independent School Code of Behavior policy will be adhered to my child

Parent/Guardian Signature

Date

Name