

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, PhD)	

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, PhD)	

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 can be reached, I give permission for my child to receive medical treatment as follows:

Yes/No

To be given anaesthetic, if required, in emergency	
To be transported to the nearest hospital or government health centre or to a 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 have specific medical conditions or allergies or dietaries or needs? (Yes/No)

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

Please provide a certified immunization record stating your child/ children have been immunized against the following:

Chicken Pox (Varicella), Poliomyelitis, Measles, Mumps, Rubella (MMR), Tetanus, Typhoid, Hepatitis, Whooping cough,

Doctor's Full Name

Address

Phone Mobile

Section G Permissions

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

School excursion/Field trip

Sporting Activities/BSSA

School events

Yes/No

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

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 uploaded in school's websites and social media (FB, IG, Youtube)

Yes/No

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 Policies

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 the Sanur Independent School Code of Behavior policy will be adhered to my child

Here with, we state that we have read, understood and agree to follow all the school policies, regulations and guidelines set by the Yayasan, Principal, Teachers and Staff

Stamp Duty
6000

Parent/Guardian Signature

Date

Name