



PERUMAHAN KENCANA RESORT I / 88
 UNGASAN – JIMBARAN, BALI
 +62-361-895-3228 +62-811-398-2662

ALL NEW ENROLMENTS MUST SUBMIT THE FOLLOWINGS:

PASSPORT
PHOTO

- 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
- FAMILY CARD (KARTU KELUARGA); APPLICABLE FOR INDONESIAN PARENT(S)

SCHOOL USE ONLY

STUDENT ID: _____ STUDY YEAR: _____ APPLICATION DATE: _____ CLASS: _____

PLANNED FIRST DAY ATTENDANCE: _____

STUDENT'S PERSONAL DETAILS

GIVEN NAME (FIRST NAME) :

FAMILY NAME (LAST NAME) : _____ MIDDLE NAME(S) : _____

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 :



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MOULDING BRIGHTER STARS

PAGE 2 OF 5

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. :



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PAGE 3 OF 5

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 ORGUARDIAN)

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 ORGUARDIAN)

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:** _____

MOBILEPHONE: _____ **ID NUMBER:** _____

- PHOTOCOPY OF ID (PASSPORT/KITAS/KTP)

STATEMENT

I UNDERSTAND AND ACCEPT THAT ALL FEE PAYMENTS ARE **NON-REFUNDABLE**; UNLESS INDICATED OTHERWISE BY BUKIT SUNRISE SCHOOL.

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:** _____

