

ADMISSION FORM

Medan International School



Jl. Jamin Ginting Km. 10 /
 Jl. Tali Air No. 5
 Medan 20141
 Telephone : 62 61 8361816
 Fax : 62 61 8361894

Postal Address P.O. Box 1190
 Medan, 20111
 Sumatra Utara

Photograph 4 x 6 cm	<p style="text-align: center;">OFFICE USE ONLY : Photocopy</p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">Student ID No.</td> <td style="width: 10%;">: _____</td> <td style="width: 30%;">KITAS (Father)</td> <td style="width: 10%; text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>Admitted to Grade</td> <td>: _____</td> <td>Passport (Father)</td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>Teacher</td> <td>: _____</td> <td>KITAS (Student)</td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>Date Commenced</td> <td>: _____</td> <td>Passport (Student)</td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>Remarks</td> <td>: _____</td> <td>Transcripts</td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </table> <p>Signed : Date : / /</p>	Student ID No.	: _____	KITAS (Father)	<input type="checkbox"/>	Admitted to Grade	: _____	Passport (Father)	<input type="checkbox"/>	Teacher	: _____	KITAS (Student)	<input type="checkbox"/>	Date Commenced	: _____	Passport (Student)	<input type="checkbox"/>	Remarks	: _____	Transcripts	<input type="checkbox"/>
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Date Commenced	: _____	Passport (Student)	<input type="checkbox"/>																		
Remarks	: _____	Transcripts	<input type="checkbox"/>																		

A. STUDENT DATA

<i>First Name</i>	<i>Middle Name</i>	<i>Family Name</i>

<i>Date of Birth</i>	<i>Place of Birth</i>	<i>Nationality</i>

<i>Arrived in Indonesia</i>	<i>Arrived in Medan</i>	<i>Sex</i>	<i>Age</i>	<i>Religion</i>	<i>KITAS No.</i>	<i>Expiry Date</i>

<i>Passport Type</i>	<i>Passport Number</i>	<i>Place of Issue</i>	<i>Date Issued</i>	<i>Expiry Date</i>
<i>Regular / Official / Diplomatic</i>				

<i>Address of Residence</i>	<i>Telephone Number</i>

<i>Email Adress/es</i>	
Father:	Mother:

<i>Previous School</i>	<i>Complete Grade</i>	<i>Applying for Grade</i>

<i>Student Lives With : (Please check any that apply)</i>	
Father <input type="checkbox"/> Mother <input type="checkbox"/> Guardian <input type="checkbox"/>	Comments : _____ _____ _____ → Relationship _____

LANGUAGE

Student's First Language : _____
Father's First Language : _____
Mother's First Language : _____
Language Spoken with Parents / Guardians : _____
Other Languages : _____

Listening and Speaking : _____
Reading and Writing : _____

ENGLISH LANGUAGE BACKGROUND

Native English Speaker *Non - Native English Speaker*

Previous Experience of English : _____

Degree of English Competence : _____

Fluent *Fair* *Little* *None*

HEALTH

General Description : _____

Physical Health : _____

Emotional Health / Social : _____

INTERESTS / ABILITIES

Special Interests / Abilities : _____

Recreation / Sport : _____

Enrolment Understandings and Agreement on School Philosophy
I acknowledge and understand the Medan International School education philosophy.
I acknowledge and understand the Medan International School International Baccalaureate Curriculum and its future educational pathways.
I understand the Medan International School does not provide alternative learning programs, special education programs or mother country studies for all students.

Signed _____ Date _____

B. PARENT DATA

<i>Father's Name</i>		<i>Nationality</i>		<i>Occupation</i>	
<i>Passport Number</i>	<i>Expiry Date</i>	<i>KITAS Number</i>	<i>Expiry Date</i>		
<i>Mother's Name</i>		<i>Nationality</i>		<i>Occupation</i>	
<i>Passport Number</i>	<i>Expiry Date</i>	<i>KITAS Number</i>	<i>Expiry Date</i>		

C. EMERGENCY DATA

Person to contact in an emergency if neither parent is available

<i>Name</i>	<i>Address</i>	<i>Telephone Number</i>

<p><i>Current Work Contact</i> <i>Should any of the following information change, please advise the school as soon as possible.</i></p> <p><i>Cell phone Number</i> : _____ <i>Office Address</i> : _____ <i>Office Phone Number</i> : _____</p> <p><i>Immunisation Information</i> :</p> <p><i>The student has received the following immunisation :</i></p> <p><i>T.B</i> <input type="checkbox"/> <i>Hepatitis B</i> <input type="checkbox"/> <i>Hepatitis A</i> <input type="checkbox"/> <i>Tetanus</i> <input type="checkbox"/></p>	<p><i>Unless specified otherwise in the space below, a student requiring emergency treatment a medical facility will be taken to :</i></p> <p align="center">COLOMBIA ASIA HOSPITAL JL. Listrik 6 (Phone : 4566368)</p> <p><i>If you would prefer another facility, please indicate here :</i></p> <p><i>Name</i> : _____ <i>Address</i> : _____ _____ <i>Phone Number</i> : _____</p> <p><i>Please indicate any special health concern (allergies, chronic, illness, special medication) :</i></p>
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INDEMNITY AGREEMENT :

Should my child incur an injury, that in the opinion of the Principal of the school, requires immediate medical attention, I hereby give my permission to the school to seek or provide such treatment. I agree to assume all cost involved in the emergency treatment of my child. I understand that the Board of Directors, Principal and staff of the school are exempt from any liability as a result of an injury to a child attending the school and participating in the programme of the school.

Signed Date / /

D. PAYMENT OF TUITION FEES

While arrangements can be made to submit Tuition Fee accounts to sponsoring companies the ultimate responsibility for payment of Tuition Fees remains with individual families.