

ADMISSION FORM

Photograph 4 x 6 cm	=OFFICE USE ONLY=	
	Student No :	Admitted to Grade :
	Incoming Mutation No:	Teacher :
	Remarks :	Date of Commencement :

STUDENT'S DETAILS			
First Name :	Middle Name:	Family Name:	
Date of Birth :	Place of Birth :	MALE / FEMALE	Nationality:
Birth Certificate No.:	Complete Address:		Telephone/Mobile :
NISN :			
Religion :	Currently lived with :	E-mail :	
	<input type="radio"/> Father <input type="radio"/> Mother <input type="radio"/> Other :		

NON-INDONESIAN STUDENTS ONLY :				
Arrived in Indonesia: (dd/mm/yy)	Arrived in Medan : (dd/mm/yy)	KITAS/KITAP No.	Expiry date:	
Passport Type :	Passport No:	Date of Issue:	Issuing Office:	Expiry Date :
<input type="radio"/> Regular <input type="radio"/> Official <input type="radio"/> Diplomatic				

SIBLINGS DETAILS				
No.	Full Name	Date of Birth	Currently Studying at :	Grade

LANGUAGE/S			
Student's 1 st Language :	Father's 1 st Language:	Mother's 1 st Language:	Language spoken with Parents/Guardian :
<input type="radio"/> Native English Speaker <input type="radio"/> Non-Native English Speaker	Other languages: _____ <input type="radio"/> Reading <input type="radio"/> Writing <input type="radio"/> Listening <input type="radio"/> Speaking _____ <input type="radio"/> Reading <input type="radio"/> Writing <input type="radio"/> Listening <input type="radio"/> Speaking _____ <input type="radio"/> Reading <input type="radio"/> Writing <input type="radio"/> Listening <input type="radio"/> Speaking		
Degree of English Competence <input type="radio"/> Fluent <input type="radio"/> Fair <input type="radio"/> Little <input type="radio"/> None			

HEALTH		INTEREST/ABILITIES	
Allergies		Sport	
Any medications or health conditions:		Art	
Emotional / Social		Music	
Other health concerns :		Other interest / hobbies / abilities :	
The student has received the following immunization : <input type="radio"/> TB <input type="radio"/> Hepatitis A <input type="radio"/> Hepatitis B <input type="radio"/> Tetanus <input type="radio"/> MMR			

SCHOOLING HISTORY				
Year attended :		Name of school :	Address :	Certificate No:
From	To			
No of years enrolled:	Language of Instruction :			Transcript No:
Date of commencement of school year:		Reason for leaving school:		
Date commenced school:				
Date left school :				
Special Achievements / Interests :		Area of difficulty / Concerns :		

Year attended :		Name of school :	Address :	Certificate No:
From	To			
No of years enrolled:	Language of Instruction :			Transcript No:
Date of commencement of school year:		Reason for leaving school:		
Date commenced school:				
Date left school :				
Special Achievements / Interests :		Area of difficulty / Concerns :		

PARENTS DETAILS			
Father's name :		Mother's name :	
Occupation	Nationality :	Occupation	Nationality :
KTP/Passport No :	Expiry date :	KTP/Passport No :	Expiry date :
KITAS No (if any) :	Expiry date :	KITAS No (if any) :	Expiry date :
Contact no :	E-mail :	Contact No.	E-mail :

ADMISSION FORM

EMERGENCY DETAILS, person to contact in an emergency if neither parent is available			
Name	Relationship	Address	Contact No.
Should your child require emergency treatment, a medical facility will be taken to :		Alternative Hospital Name:	
<p align="center">COLUMBIA ASIA HOSPITAL Jalan Listrik No. 6 Medan Phone: +62 61 456 2626</p> <p>If you would prefer another facility, please indicate here :</p>		Address	
		Phone No :	
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 see or provide such treatment. I agree to assume all costs 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.			
PHOTOGRAPHY CONSENT			
<input type="checkbox"/> I give consent for my child to be included in any photos taken. I understand they might be used outside school , but only to display the learning, facilities and services at Medan Independent School et. MIS website, yearbook, brochures, class work, school displays, newsletters and through IB Organization mediums (including written work, audio and visual materials).		<input type="checkbox"/> I do not give consent my child to be included in any photos taken. I understand that they will continue in the activities and remain out of the camera view during any photograph session.	
ENROLMENT UNDERSTANDINGS AND AGREEMENT ON SCHOOL PHILOSOPHY			
<input type="checkbox"/> I acknowledge and understand the Medan Independent School education philosophy. <input type="checkbox"/> I acknowledge and understand the Medan Independent School International Baccalaureate Curriculum and its future educational pathways. <input type="checkbox"/> I understand the Medan Independent School does not provide alternative learning programs, special education programs or mother country studies for all students. <input type="checkbox"/> I understand that while arrangements can be made to submit Tuition Fee accounts to sponsoring companies the ultimate responsibility for payment of Tuition Fees remains with me. <input type="checkbox"/> I understand that all the fees and payments are non-refundable. <input type="checkbox"/> I agree to follow all school rules, policies, and procedures throughout my child's time at Medan Independent School. <input type="checkbox"/> I agree to allow my child to study <i>Pendidikan Kewarganegaraan (PKn)</i> , Indonesian studies and Religion study as required by Ministry of Education in Indonesia. <input type="checkbox"/> I certify that my child is not engaged with any form of work in Indonesia and is only here for the purpose of study. <input type="checkbox"/> I understand that if my child is an Indonesian citizen, he/she is obliged to take National Exam (UN) as required by Ministry of Education Indonesia. (For Indonesian citizens only)			
Name (BLOCK CAPITALS) :	Signed on duty stamp :		Date :

--OFFICE USE ONLY--
DOCUMENTS CHECKLIST

STUDENT'S DOCUMENTS

- Birth certificate
- Passport, expiry date is at least 18 months from registration date
- KITAS/KITAP
- Copy of Immunization Record

FOR TRANSFER STUDENTS

- Academic Report
- Academic Certificate / *IJAZAH*
- Academic Transcript / *SKHU*
- Certificate of good conduct from previous school
- Certificate of transfer from previous school signed by the relevant education department.

ADDITIONAL DOCUMENTS FOR INTERNATIONAL TRANSFER (NON-INDONESIAN)

- Recommendation of study/*REKOMENDASI IZIN BELAJAR* from Ministry of Education in Indonesia
- Certificate of transfer/*SURAT PENYALURAN PESERTA DIDIK* from Ministry of Education in Indonesia
- Converted transcript/*SURAT KETERANGAN PENYETARAAN* from Ministry of Education in Indonesia

PARENTS' DOCUMENTS

- KTP/Passport (Father), expiry date is at least 18 months from registration date
- KTP/Passport (Mother), expiry date is at least 18 months from registration date
- KITAS/KITAP (Father), if in process, a letter from sponsoring company required.
- KITAS/KITAP (Mother), if in process, a letter from sponsoring company required.
- Family Card/Kartu Keluarga
- Admission Form is signed on duty stamp
- Acceptable Use Policy (AUP) for Computers and Network
- Student Pledge for Computer and iPad Use
- Parent Permission For The IB
- ClassDojo Permission Form

DOCUMENTS FROM MIS

- Letter of MIS acceptance signed and stamped by the relevant education department.
- Whole School Handbook, in digital format
- Writing Book, MIS branded

ADMISSION OFFICER :

Name :	Signature :	Date: