



SIS MEDAN

Member of SIS Group of Schools

Enrolment Form PARTICULARS OF STUDENT

Registration Code :
Term/Year of Entry :
Date of Admission : Year
..... Month
..... Day

Name :	<input type="text"/>	<input type="checkbox"/> Male		
		<input type="checkbox"/> Female		
Date of Birth :	<input type="text"/>	Religion :		<input type="text"/>
Country of Birth :	<input type="text"/>	Nationality :		<input type="text"/>
KTP/Passport No. :	<input type="text"/>	KITAS No. :	<input type="text"/>	

Address in Medan :
<input type="text"/>
<input type="text"/>
<input type="text"/>
<input type="text"/>
Tel : <input type="text"/>
Fax : <input type="text"/>

Address in Home Country :
<input type="text"/>
<input type="text"/>
<input type="text"/>
<input type="text"/>
Tel : <input type="text"/>
Fax : <input type="text"/>

STUDENT'S EDUCATIONAL BACKGROUND

Current School : Grade / Level :

Taught in English: YES / NO, If No, Specify language of instruction :

Names of siblings who are attending / have attended any of the SIS campuses :

1) Grade : Year :

2) Grade : Year :

3) Grade : Year :

FAMILY PARTICULARS

FATHER

Name :

Nationality :

Country of Birth :

ID/Passport No. :

Company's Name :

Occupation :

Office Address :

.....

.....

Tel : Hp :

E-mail :

MOTHER

Name :

Nationality :

Country of Birth :

ID/Passport No. :

Company's Name :

Occupation :

Office Address :

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Tel : Hp :

E-mail :

Send Invoice to:	<input type="checkbox"/> Home Address	<input type="checkbox"/> Office (Father/Mother)	<input type="checkbox"/> Others:
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HEALTH

1) IS THERE ANY MEDICAL CONDITION, THE SCHOOL SHOULD BE AWARE OF? YES NO
 IF "YES", please give details :

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2) IS THE CHILD ON ANY REGULAR MEDICATION? YES NO
 IF "YES", please give details :

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Name of Family Doctor (if any) : Contact no. :

IN CASE OF EMERGENCY, I GIVE THE SCHOOL PERMISSION TO CONTACT A DOCTOR, CALL AN AMBULANCE AND UNDERTAKE EMERGENCY PROCEDURES SHOULD I BE UNREACHABLE.

I hereby declare that the information provided above is true and valid and I understand that the school reserves the right to reserve any decision regarding admission if any information provided is incorrect.

I understand that the enrolment is conditional on the following:

- * Prompt payment of all fees
- * Ministry of Education and Culture's approval
- * Adherence to the school rules and regulations.

I also acknowledge the following policies :

- * School activities and students are often photographed for school newsletters for approved publications and school advertisements. Should you prefer not to have your child in these pictures (for whatever reasons), please inform the school in writing immediately.
- * SIS has a strict 'zero tolerance' policy as far as substance abuse (drugs, smoking and alcohol) is concerned. Random checks are carried out. You must be familiar with these policies and related procedures.
- * Any request for financial assistance in paying any fees, must be done in writing and following the school procedures. Any approvals must also be official received in writing. Verbal assurances or promises by any staff will not be considered.

.....
Date

.....
Signature of Parent

The Following items are required for full registration :

- * Non-refundable Registration and Placement Fee
- * 3 recent photos of Student
- * Photocopy of Birth Certificate of Student
- * Photocopy of first 2 pages of passport – Father & Student (Expatriate)
- * Photocopy of KITAS / KTP – Father and Student (Expatriate)
- * Transcripts of academic records (if available)

Year of Entry :

Registration Code :