

Application for Enrollment



BAIS
Bandung Alliance
Intercultural School

Student Information

Family Name _____ Gender: Male Female
First Name _____ Date of Birth _____
month/day/year
Nickname _____ Place of Birth _____
Citizenship _____ Passport number _____
KITAS number _____

Family Information

Father's Information

Name _____
Citizenship _____
Passport number _____
KITAS number _____
Occupation _____
Place of Employment _____
Work Phone Number _____
Cell Phone (HP) _____
E-mail Address _____
Religious Affiliation _____

Mother's Information

Name _____
Citizenship _____
Passport number _____
KITAS number _____
Occupation _____
Place of Employment _____
Work Phone Number _____
Cell Phone (HP) _____
E-mail Address _____
Religious Affiliation _____

Parents Marital Status: Married Separated Single Parent

This box is for Bandung Alliance Intercultural School office use only.

Application date _____

Grade applying for _____

Anticipated start date _____

Copy of Report Cards

Original Immunization Record

Indonesian Passport Holders Only

Letter from the Dept. of Education

Proof of Identification

Foreign Passport Holders Only

KITAS Copies			Passport Copies		
Student	Father	Mother	Student	Father	Mother
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Residential Address _____

Mailing Address _____

Home Phone Number _____

If student does not live with parents:

Guardian's Name _____

Guardian's Relationship to student _____

In case of emergency information:

Contact Person _____ Phone number _____

Previous Education Information

Last School Attended _____

School's Address _____

Last Grade Completed _____ Has your child ever been retained in a grade? No Yes

Has your child ever been referred to or participated in educational testing? _____

Has your child has had any academic, discipline or emotional problems in school? _____

Has your child had trouble with the police or juvenile authorities, please explain: _____

Additional Information

The language your child is most familiar with _____ Second Language _____

Do you anticipate your child needing additional instruction in English? No Yes

Name and ages of brothers and sisters: 1. _____

2. _____

3. _____

4. _____

Special interests and abilities of student _____

Parent expertise to share with the school _____

Parent Signature: _____

Date: _____

PLEASE ENCLOSE: - COPIES OF PASSPORTS AND KITAS (PARENTS' & CHILD'S)
- STUDENT'S RECORDS FROM PREVIOUS SCHOOL

Health Form



BAIS
Bandung Alliance
Intercultural School

Student Information

Family Name _____ Gender: Male Female
First Name _____ Date of Birth _____
Nickname _____ Ethnicity _____
Blood Type _____
Mother's name _____ HP # _____
Father's name _____ HP # _____

Health History

If you check "Yes" to any of the following questions, please tell us more information about it.

Is your child receiving continuing medical care? No Yes: _____
Is your child taking any medications regularly? No Yes: _____
Is your child using any medical devices? No Yes: _____
Is your child subject to asthma? No Yes: _____
Is your child subject to epilepsy? No Yes: _____
Does your child have diabetes? No Yes: _____
Does your child have any hearing impairment? No Yes: _____
Does your child have any visual impairment? No Yes: _____
Does your child wear eye glasses/contact lens? No Yes
Is your child allergic to any **medications**? No Yes: _____
What happens? _____ How is the allergy treated? _____
Is your child allergic to any **foods**? No Yes: _____
What happens? _____ How is the allergy treated? _____
Dose your child have any other **allergies**? No Yes: _____
What happens? _____ How is the allergy treated? _____

List any serious illnesses, accidents, operations, nutritional, dental, mental or emotional problems, handicapping conditions or other important data concerning your child's health:

- _____
- _____
- _____

Immunization Records

Immunizations	Date (month/day/year)	Date (month/day/year)	Date (month/day/year)	Date (month/day/year)	Date (month/day/year)
Diphtheria, Tetanus, Pertussis (DTP)					
Diphtheria Tetanus (Td)					
Poliomyelitis (OPV)					
PPD (TB)					
Hepatitis A					
Hepatitis B					
Measles Booster					
Rubella					
Mumps					
Measles, Mumps, Rubella (MMR)					
Typhoid					
Japanese Encephalitis (JEL)					
Rabies					
Meningitis					

Medication Policy For Students

1. Students are not to bring any medication to school unless it is absolutely necessary.
2. If a student must bring medication to school, please ensure it comes in its original container with original labeling.
3. The parent must send precise instructions written in English indicating the time of administration, dosage, name of the medication and the reason the child must take the medication. The parental note must also include the name and phone number of the prescribing doctor in the case of prescription medicine. If the instructions are not clear to the administering BAIS faculty or staff member, the child will not be allowed to take the medication.
4. All medication must be relinquished to the school medical personnel upon arrival at school. This medication must be stored in the clinic in a secure area that is not accessible to students. Exceptions to this rule must be approved by administration. This would only be allowed in cases where the student must maintain the medication on his/her person due to possible medical emergencies, ie. students with asthma problems.
5. NO STUDENT MAY AT ANY TIME GIVE OR SELL ANOTHER STUDENT MEDICATION.
6. The school medical personnel is responsible to administer the student's medication at the appropriate time. In cases where the school medical personnel is not available, the administration will administer the medication in his/her place.

Permission Consent

If the parent/guardian are not available or contactable, I authorize Bandung Alliance Intercultural School to arrange for emergency medical treatment. I hereby authorize the school to give the following simple medications at the recommended dosage to my child in the event of essential need:

- | | | |
|---|------------------------------|-----------------------------|
| Panadol or Ibuprofen in case of pain or fever | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Antihistamine in case of allergic reactions | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Lotion in case of skin reactions | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Throat Lozenges in case of sore throat | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Antacid in case of upset stomach | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Cold or Flu decongestants/cough medication | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Inhaler for Asthma flare-up | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

Parent Signature: _____

Date: _____

Consent Forms



Release Form

In consideration of the acceptance of _____, child of the undersigned, as a student at Bandung Alliance Intercultural School, and of his/her instruction while at said school, I expressly assume all risks of accident and of personal injury to him/her, and loss or damage to any of his/her property regardless of the cause of the same; and I completely release BANDUNG ALLIANCE INTERCULTURAL SCHOOL and NETWORK OF INTERNATIONAL CHRISTIAN SCHOOLS, and its agents and/or employees, from any and all liability therefore, excepting those issues which may arise due to gross negligence.

Parent Signature: _____

Date: _____

Field Trip Release Form

The school will occasionally arrange school sponsored educational field trips. These trips will be clearly organized and supervised. We will send you a notice of these trips at least one week in advance and you should feel comfortable informing your child's teacher if you do NOT want your child to attend a particular trip. However, rather than asking you to sign off on each individual trip, we would like you to sign this universal permission slip which we will have on file.

Please remember that you will receive a notice before each trip and you may request that your child not attend.

I, _____ give permission for my child _____ to go on any field trip

Parent / Guardian Name

Student Name

which the school has organized. I understand that careful safety precautions will be taken, but I also understand that the school cannot be responsible for events or accidents that are beyond normal control.

Parent Signature: _____

Date: _____

Textbook and Materials Agreement

All textbooks and material are the property of BAIS and are only loaned to the student for school use. Students are to use all books responsibly and keep them in excellent condition. Textbooks are to remain covered at all times and are not to be marked in for any reason. Students are to use all books responsibly and keep them in excellent condition. Parents will be held financially responsible for any BAIS textbooks and materials that are damaged or lost while in their child's possession.

I, _____ agree to pay the fee set in the Parent Student Handbook for any BAIS books or

materials that are lost or damaged beyond repair while on loan to my child. If the said books and materials are damaged but able to be repaired, I agree to pay for these repairs.

Parent Signature: _____

Date: _____

Contract



Contract Between Bandung Alliance Intercultural School and Parents

Bandung Alliance Intercultural School (BAIS) is guided by a philosophy, a set of ethics and a world view that come from a Christian perspective. The school seeks to provide an environment and program that promotes good character, academic advancement, and physical, emotional, and spiritual growth in each student. Realizing that successful child development comes from mutual participation and cooperation of the school personnel and parents, every effort will be made to keep lines of communication open. It is to be clearly understood that students in BAIS will be exposed to the teachings and practices of Christianity.

By signing this contract, parents of students enrolled in BAIS agree to the following:

1. Students and parents will do all in their power to protect the good name of the school, its equipment, buildings, and property.
2. Students will maintain standards of courtesy, kindness, morality, and honesty. Students will refrain from swearing, possessing or using tobacco, alcohol or illegal drugs, dishonestly, disorderly conversation and behavior on or around the campus or on school activities, including bus transportation to and from school. In addition, any public behavior outside of school, which harms or discredits the good name of the school, shall also be dealt with by school officials.
3. Students will maintain the school's standards of personal appearance (dress, hair, etc.) with a spirit of positiveness.
4. Parents will encourage children to go on field trips and other school activities.
5. Parents will support the discipline policies of the school, entrusting the faculty to implement disciplinary measures in order to build character in the children and an atmosphere conducive to learning in the classroom.
6. BAIS reserves the right to include discipline items on the student's transcript.
7. When withdrawing the student from BAIS, the parent agrees to notify the school 2 weeks in advance, allowing the school to notify any possible students on waiting lists.
8. Parents agree to cooperate fully in making tuition payments as arranged with the school; the school will notify the parents in writing upon failure to pay delinquent accounts. Accounts more than 30 days delinquent may result in suspension of the student(s) until suitable arrangements have been made to bring the account current. Upon early withdrawal from BAIS, tuition (fees are non-refundable) will be refunded according to the number of school days attended that semester; up through the 20th school day of the semester - 50%, from the 21st school day through the 39th school day - 25%, from the 40th school day to the end of the semester - no refund.
9. Parents agree to uphold the rules and regulations of the school and will bring any matter of disagreement to the school administration, never discrediting the school before the students or others. This includes athletic practices and games.
10. Parents absolve Bandung Alliance Intercultural School from any liability to his/her child because of any injury to the child at school or during any school-related activity with the understanding that insurance or medical coverage on the child be maintained by the parents.
11. We understand that our child's likeness may be photographed or videotaped by the school in the course of school activities. We hereby give consent for the school to use our child's likeness in promotional and/or advertising materials.

Signature of Parents or Guardians:

Mr. _____

Mrs. _____