

Bali International School
Jl. Danau Buyan IV No. 15 Sanur
P.O. Box 3259 Denpasar, Bali, Indonesia
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Admissions Procedures Check List

1. Prior to permanent acceptance at BIS, the applicant must submit to the school's administration :
 - a. A completed **Registration Form**
 - b. A completed **Health Form**
 - c. A completed **Field Trip Permission Form**
 - d. A completed **Liability Form**
 - e. A completed **Emergency Contact Information Form**
 - f. **Official Reports**
 - i. PS to Grade 11: Reports/transcripts for previous two years of schooling (where applicable)
 - ii. Students entering Grade 12: Reports/transcripts for previous three years of school.
 - g. A photocopy of the **student's passport** showing
 - i. the passport number
 - ii. the place and date of issue
 - iii. the picture
 - iv. the date of birth
 - v. visa details
 - h. A photocopy of each **parent's passport** which includes visa information.
 - i. If a KITA-S/DINAS visa cannot be shown at the time of admission, a letter from the employer or sponsoring agency certifying that an application for the visa has been submitted is necessary prior to the student entering the classroom.
2. The required registration payment.
3. Each student will be interviewed by the School Director or designate before a grade placement is offered.
4. In the case of PreSchool and Kindergarten students, a pre-entry meeting with the head of department or teacher will be scheduled before the date of entry. This is for both parent and child.
5. Student's admission and placement is on a provisional basis pending confirmation of all information submitted to BIS.
6. After a placement has been determined an invoice for fees and levies will be issued.



OFFICE USE

Grade: _____ **Registration Received:** _____ **Date To Begin:** _____ **Admitted by:** _____

STUDENT REGISTRATION FORM

You are responsible for informing the school in writing of any changes
Student Information

Expected Date of Enrolment: _____ Sex (male or female) : _____

STUDENT'S NAME:

First Name _____ Family Name _____

Date of Birth _____ Place of Birth _____
(day/month/year)

Nationality _____ Language (s) Spoken _____

Passport Number _____ KITAS/DINAS Number _____

Other Visa type and No _____ Phone Number(s) _____

Home address in Bali _____

Family Information

Father's Information

Name _____

Nationality _____

Passport Number _____

KITAS/DINAS Number _____

Other Visa type and Number _____

In residence with child? Yes ___ No ___

Company/Occupation _____

Company Address _____

Position Designation _____

Phone Direct Line _____

Phone Mobile _____

Fax _____

Email _____

Mother's Information

Name _____

Nationality _____

Passport Number _____

KITAS/DINAS Number _____

Other Visa type and Number _____

In residence with child? Yes ___ No ___

Company/Occupation _____

Company Address _____

Position Designation _____

Phone Direct Line _____

Phone Mobile _____

Fax _____

Email _____



Sibling(s) Information

Name of brother/sister _____	age _____	sex M/F _____
Name of brother/sister _____	age _____	sex M/F _____
Name of brother/sister _____	age _____	sex M/F _____
Name of brother/sister _____	age _____	sex M/F _____
Name of brother/sister _____	age _____	sex M/F _____

Guardian's Information

This SECTION MUST be completed if the child is not in residence with mother or father

Name _____	Nationality _____
Passport Number _____	KITAS/DINAS Number _____
Other Visa type and Number _____	
Phone Direct Line _____	Phone Mobile _____
Fax _____	Email _____



ACADEMIC HISTORY OF STUDENT

Please account for every year your child has been in school.

Name of School / Location	Type of School (Pre-School/Elem, Secondary/College)	Attended		Age	Grade/ Standard	Language of Instruction
		From (mm/yy)	To (mm/yy)			

REQUIRED ADDITIONAL STUDENT INFORMATION

NOTE: If complete and accurate information is not provided, your child's admission or placement will be subject to review.

1. Has your child ever received any special academic, social or emotional support (i.e. speech, language psychological) ___NO ___YES, if yes please explain

2. Has your child ever been asked to leave school? ___NO ___YES, if yes please give details

3. Has your child ever been in English as a Second Language Program? ___NO ___YES, if yes please give details

4. Is this the first time your child has lived outside of his/her home county? ___NO ___YES

5. Is there any area that you think your child may need extra support?

6. In your previous school, what area(s) did your child excel in and what extra activities where they involved in?



STUDENT HEALTH CARD

Please ensure that the school is informed of any changes to the information on this documentation.

First Name _____	Family Name _____
Date of Birth _____ (day/month/year)	Place of Birth _____
Sex (Male or Female) _____	Blood Group

1. Is the student on long term medication:	YES/NO
2. Does the student take medication during school hours	YES/NO
3. Please list the name of the medication and the frequency : _____	
4. Are there any known drug allergies ?	YES/NO
5. Does the student wear glasses or contact lenses ?	YES/NO
6. Date of last vision test _____	
7. Date of last hearing test _____	
8. Please list the names of drug allergies : _____	
9. Explain any limitation on physical activity _____	

HEALTH ADMISSION DETAILS

Current Tuberculin Skin Test or X – Ray result within last twelve months. This is an annual recommendation

TB skin test result	Date	Chest X – Ray result	Date

Fill in normal or not normal; if the result was not normal please explain:



IMMUNIZATION

DATE OF LAST BOOSTER OR VACCINATION:

Diphtheria/Tetanus/whooping cough _____ Polio _____
Tetanus (every 10 years) _____
Last H I B _____ BCG _____
Typhoid injection (every 3 years) _____ Fluvax _____
Hepatitis A _____ Hepatitis B _____
Varicella _____ Typhoid oral (every year) _____
Meningitis _____ Measles _____
Rubella _____ Mumps _____

These health conditions can be a concern. Please circle any that apply to your child.

Allergies, Asthma, Congenital anomalies, Convulsions/Epilepsy, Diabetes, Recurring ear infection, Hearing difficulties, Frequent headaches, Kidney/urinary infection, Menstrual problems, Orthopaedic problems, Operation convalescence, Rheumatic fever, Skin problems, Tuberculosis, Visual problem, Others:

Please comment on circled items:

PERMISSION IS HEREBY GIVEN FOR EMERGENCY MEASURES TO BE INITIATED IN CASE OF ACCIDENT OR SUDDEN ILLNESS WITH THE UNDERSTANDING THAT I WILL BE NOTIFIED. I CERTIFY THAT ALL INFORMATION GIVEN ON THIS CARD IS COMPLETE AND CORRECT.

Signature of parent : _____ Date _____



Emergency Contact Information
THIS SECTION MUST BE COMPETED

Person to be contacted in case of an emergency if parents are not available

Name of Emergency Contact(s) _____

Address of Emergency(s) _____

Phone Number(s) Direct Line _____ Hand phone _____

Our medical Doctor/Health Care Provider in Bali is _____

In the case of an emergency I authorize BIS personnel to have my child transported to BIMC or SOS and accept the charges that may be incurred.

Signature of Parent/Guardian _____



Education Outside the Classroom

Dear Parents,

We will occasionally arrange school sponsored educational field trips. These trips will be appropriately organized and supervised.

We will always send you a notice of these trips at least one week in advance. In special circumstances you should feel comfortable informing the child's teacher if you do not want your child to attend.

Rather than asking you to sign off on each individual trip, we ask you to sign this universal permission slip which we will have on file.

Please remember that you will receive a notice before each trip.

For any excursions requiring overnight camps or stays a special notice and permission slip will be sent to you.

I, _____ give permission for my child _____ (Parent/Guardian's Name)

to go on any field trip 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 which are beyond normal control.

Signed _____

Date _____



RELEASE OF LIABILITY

I, _____ parent/guardian of
Print name

_____ enrolled at the Bali International School, Bali,
Print Name of Child

free the BIS School Board, teachers, voluntary helpers and employees, from financial liability in connection with my child during attendance at the school and related educational activities.

It is understood that in cases of extreme emergency, I authorize the school management to take any steps that it sees fit to safeguard my child's welfare. I will be responsible for any damage to school premises or equipment, and any damage to any other premises or equipment while at the school or on authorized school trip, if this damage has been caused by my child.

This release will remain valid until such time as my child ceases to be a student of Bali International School.

SIGNATURE of Parent/Guardian

Date



Accredited grades PS-12 by the WESTERN ASSOCIATION OF SCHOOLS AND COLLEGES
INTERNATIONAL BACCALAUREATE ORGANIZATION WORLD SCHOOL
AUTHORIZED IB DIPLOMA, MYP, PYP

