

GMIS - Bali

Jl. Tukad Yeh Penet No. 8A, Denpasar - Bali (Indonesia)









APPLICATION FOR ADMISSION

(To be Filled in by office)

NAME	:
GRADE	·
ACADEMIC YEAR	:
NO	•

APPLICATION FOR ADMISSION

Date: The Principal **Applicant** GMIS - Bali photo, white background We request for the admission of our son/daughter in Grade dd/mm/yy STUDENT PARTICULARS Name (As in Passport) BOY **GIRL** Place of birth : Date of birth : DD MM YEAR Nationality: Religion: Name of school last attended and final grade : Postal address in Bali: Home Tel. number : (1)..... Permanent postal address:

THE SUPERVISOR'S OFFICE

Date

N.I.												
No	١.											

PARENT TO FILL IN THE DETAILS BELOW

Father's Name						
Mother's Name Nationality						
Father's Religion Mother's religion						
Father's mobile no Office phone						
Mother's mobile no Home phone						
e-mail of Father						
e-mail of Mother						
ORIGINAL ADMISSION SLIP ISSUED BY PRINCIPAL'S OFFICE (Student will be registered in class only when original admission slip is submitted)						
To : The Supervisor Date						
Master/Miss First name Middle name Family name						
has been admitted in grade He/she will join class from dd/mm/yy						
Nationality: Religion:						
Remark :						
Detailed postal address						
Telp.: Pin Code						
PRINCIPAL'S REMARK (S)						

Principal

Photo of Student 2x3

Photo of Father 2x3

Photo of Mother 2x3

INSURANCE CORPORATION STATEMENT

I hereby :	
Name	:
ID No. (ID / Passport)	:
Relationship	:
Address	:
Email Address	:
Student(s) Concerned	1)
	2)
	3)
, .	ests relating to the school admission process and all named above during their education at GMIS - Bali.
	once paid are neither refundable nor transferable. WISE. Student who leave school before the end of a e full term fees.
	Denpasar,
	Full Name

FAMILY PARTICULARS

TAMILITARTIOULARO	
Father's Name according to passport : Nationality : Religion : Occupation : Mobile No. :	Please paste a recent Photo of Father 2x3
e-mail of father : Name of company : Address of company : Pin code : Tel. No. :	Father's Signature
Mother's Name according to passport : Nationality : Religion : Occupation : Mobile No. : e-mail of mother :	Please paste a recent Photo of Mother 2x3
Name of company: Address of company: Pin code:	Mother's Signature
Any sibling studying at GMIS: YES NO Grade: Grade: Grade: Grade: Grade:	

CHECK LIST OF DOCUMENTS SUBMITTED

CHECK FIST OF DOCUMENTS SUBMITTED		Health F	History Date:	
Dear parent, Kindly submit the application form for admission along with the following documents :	Dear Parent, Please complete this form an Name of Son / Daughter: Date of Birth:		he Admission office Grade :	
Copy of student's passport (first & last pages only)	Nationality :			
Copy of father's passport (first & last pages only)	Has your son/daughter ever su • Heart Yes	ffered from any o	of the following illness : • Lung disease	Yes No
Copy of mother's passport (first & last pages only)	• Diabetes Yes	☐ No	Surgery	Yes No
Copy of student's KITAS/KIMS	EpilepsyAsthmaYes	☐ No ☐ No	If yes, Please give details Other serious disease	of surgery
Copy of father's & mother's KITAS/KIMS/KTP and KK	• Liver disease Yes	No	Yes No If yes. What kind of seriou	
Copy of student's academic report cards for the last three years	• Kidney disease Yes	∐ No		
Copy of birth certificate of student	If your child has any serious dise from you family doctor.	ase that needs sp	pecial attention, please attac	th the certificate
Original transfer/leaving certificate from previous school	My child is allergic to: (Plea inform the supervisor, class teach			s allergic to and
Health Record & tuberculosis clearance certificate	Any medicine			
Student's photographs 4 pcs of 2x3 cm colour photographs with white background	- Others			
Father's Photographs (4) 2x3 cm	My child has been vaccinated	against:		
Tatrier 3 i Hotograph's (4) 2x3 cm	No Name of vaccination 1 BCG	Date	No Name of vaccination 6 HIB	Date
Mother's Photographs (4) 2x3 cm	2 DPT		7 CHICKEN POX	
	3 POLIO 4 HEPATITIS B	+	8 TYPHOID 9 MMR	
	5 HEPATITIS A		10	
NOTE : Your application for admission will be processed after all the above requirements are completed	* Please be aware that a TB cle I hereby declare and confirm that	t I have filled the o		
	Father's signature		Mother's signatu	
Admission office	In any emergency who can be c Name : Phone Number :			