



NORD ANGLIA
SCHOOL
JAKARTA

Application Form



NAS Jakarta

Jalan NIS 1
Kenanga Terusan, Ampera Raya
Cilandak, Jakarta Selatan 12560
Jakarta, Indonesia
☎ +62 21 782 3930
✉ admissions@nasjakarta.sch.id

www.nasjakarta.sch.id

ADMISSION CONTRACT

Nord Anglia School Jakarta

It is hereby agreed as follows:

The undersigned Parent(s) and/or Guardian(s) (herein collectively referred to as "Parent(s)") acknowledge and agree that this Admission Contract is a legally binding contract between the School and such Parent(s) subject to acceptance of enrolment of an applicant by the School. The enrolment of each applicant at Nord Anglia School Jakarta is subject to the availability of a place at the School and is not guaranteed until: (i) an offer of a place is made to the applicant by the School, (ii) all applicable fees have been paid in full.

Any reference to the Parent(s) in plural, and to "we" or "our" in this context, shall also mean a reference to a single Parent who signs this Admission Contract.

Payment of Fees

All Fees are payable in accordance with the Schedule of Fees, which is an integral part hereof. The School reserves the right to amend the Schedule of Fees from time to time and any reference to the Schedule of Fees herein is a reference to the most up-to-date Schedule of Fees. The School reserves the right to cancel the enrolment of any Applicant or not to accept a student into the School if Tuition Fees are not paid by the applicable payment date specified.

Withdrawal and Refund of Fees

A Withdrawal Notification Form should be submitted to the office at least 30 calendar days prior to the student's last day at school. This ensures that the refund policy is applied and School reports can be issued. The School will not refund any portion of Term Tuition Fees. The School will refund a pro-rate of the Annual Tuition Fee based on the date of the last day at School.

A non-refundable application fee is payable upon submission of an application form to the school.

A non-refundable development fee fees applies to every child enrolled.

A non-refundable/non-transferable re-enrolment deposit must be transferred to school before 1 June to hold a place for your child for the next academic year. This re-enrolment fee will be deducted from the school fee payment.

Liability Waiver

The undersigned Parent(s) acknowledge and agree that the School is not liable in respect of any injury that may occur to the Applicant whilst attending the School or participating in School organised activities, except to the extent that such injury arises from the gross negligence of the School. The School is not liable for any loss or damage to a student's personal belongings.

School Obligation

The School undertakes to provide tuition as described in its Prospectus. The School reserves the right to amend the Prospectus from time to time and any reference to the Prospectus herein is a reference to the most up-to-date Prospectus.

Parent Declaration

By signing this Admission Contract, we, the undersigned Parent(s) agree that we have read, understood and agree to be bound by the obligations in this Contract and by any subsequent amendment(s) as notified by the School from time to time. We also:

- confirm that we are in receipt of the Schedule of Fees and agree that we will adhere to the terms and conditions in such Schedule of Fees;
- will ensure that our child/children will comply with the School rules (as set out in either the Primary Handbook or any other school document as applicable, and as amended from time to time). We acknowledge and agree that in the case of non-compliance with the School rules, the School reserves the right to suspend or expel the Applicant as a student at the School and that in this event, the School may decide, in its sole discretion, not to provide any refund or reduction in fees already paid or which are payable to the School;
- guarantee that: (i) all the information provided in the Application Form, Medical Record Form is true and correct; and (ii) a timely update of all changes will be provided to the School. The School cannot be held responsible for the failure to contact the Parent(s) in an emergency or to deliver any correspondence unless notification of forementioned changes has been received;
- acknowledge and agree that a failure to disclose relevant information may result in withdrawal of an offer of a place at the School and that in this event, the School may decide, in its sole discretion, not to provide any refund or reduction in fees already paid or which are payable to the School;
- confirm that we have read and fully understood the Personal Information Collection Statement and acknowledge that we accept these terms voluntarily and freely;
- authorise the release of our child/children's academic record, including standardised test results and any other information deemed necessary, to Nord Anglia School Jakarta and authorise the School to contact my child/children's school and other sources to obtain information to support this application;
- agree that in the event of an illness, accident or emergency and if (either of) the undersigned Parents(s) or the Emergency Contact cannot be contacted, we hereby authorise the School to initiate the medical process in the best interests of our child/children and undertake to pay all costs incurred by the School in doing so;
- agree that in the event of the School requiring parental approval, it is sufficient to obtain the approval of one Parent;
- agree to take an active part in supporting the education of our child/children through our attendance at Parent-Teacher meetings;
- agree that images taken of our child/children during the enrolment period may be used for promotional purposes; and
- agree to allow our child/children to participate in all of the School's compulsory activities, including both residential, day trips and visits.

Student's Full Name

Surname

First

Middle

Name of Parent

Name of Parent

Signature of Parent

Signature of Parent

Date

Day

Month

Year

Date

Day

Month

Year

On behalf of the School

Ms Niki Meehan / Principal

Day

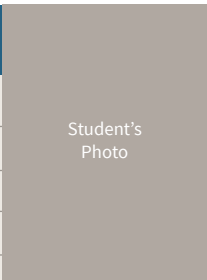
Month

Year

APPLICATION FORM

Nord Anglia School Jakarta

OFFICE ONLY SECTION			
Date Received	Day	Month	Year
Expected Date of Enrolment	Day	Month	Year
Proposed Entry Level			
Fees Received	<input type="checkbox"/> Registration Fee	Receipt Number	<input type="checkbox"/> Registration Fee
			Receipt Number



STUDENT INFORMATION			
Student's Full Name			
Surname	First	Middle	
Preferred Name			
Date of Birth	Day	Month	Year
	<input type="radio"/> Male	<input type="radio"/> Female	
Nationality (Passport)			
Home Address (if different to that of parents)			
Name of Guardian (if student is not living with parents)			
Relationship to Student		Surname	First
Has the student previously applied for Admission to Nord Anglia School Jakarta Campus? If yes, please indicate which grade and what year:			

LANGUAGE ASSESSMENT																					
First (home) language:	List any other languages understood:																				
Please assess your child's, as well as your own English language ability in the table below:																					
<table border="1" style="border-collapse: collapse; width: 100%;"> <thead> <tr style="background-color: #00a0c9; color: white;"> <th style="width: 15%;"></th> <th style="width: 15%;">Listening</th> <th style="width: 15%;">Speaking</th> <th style="width: 15%;">Reading</th> <th style="width: 15%;">Writing</th> </tr> </thead> <tbody> <tr> <td>Child</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Mother</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Father</td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>		Listening	Speaking	Reading	Writing	Child					Mother					Father					<i>1 = Very Poor</i> <i>2 = Poor</i> <i>3 = Satisfactory</i> <i>4 = Good</i> <i>5 = Very Good</i>
	Listening	Speaking	Reading	Writing																	
Child																					
Mother																					
Father																					

FAMILY INFORMATION			
Father / Guardian		Mother / Guardian	
Mr <input type="radio"/>	Other <input type="radio"/> Please Specify Title	Mrs <input type="radio"/>	Ms <input type="radio"/> Other <input type="radio"/> Please Specify Title
Full Name		Full Name	
Surname	First	Surname	First
Nationality		Nationality	
Occupation / Profession		Occupation / Profession	
Company Name		Company Name	
Company Address		Company Address	
Jakarta Residential Address		Jakarta Residential Address	
Home Phone		Home Phone	
Country	Area	Country	Area
Local Number		Local Number	
Business Phone		Business Phone	
Country	Area	Country	Area
Local Number		Local Number	
Mobile Phone		Mobile Phone	
Email		Email	
Overseas Address		Overseas Address	
First Language		First Language	
Other Language(s) Spoken		Other Language(s) Spoken	

APPLICATION FORM

Nord Anglia School Jakarta

ALTERNATIVE EMERGENCY CONTACT

Please provide 2 contact details in Jakarta in case of an emergency if parents / guardians cannot be reached. These can be provided at a later date if they are unavailable at the time of filling the Application Form

Contact 1

Full Name Surname First

Relationship to Student

Mobile Phone

Email

Contact 2

Full Name Surname First

Relationship to Student

Mobile Phone

Email

SIBLINGS

Please list below any siblings who are either already studying at Nord Anglia School Jakarta or who are applying for a place at the school

Name	Date of Birth	Year Group	School
	Day Month Year		
	Day Month Year		
	Day Month Year		

ACADEMIC AND COMPLETE SCHOOL HISTORY

School Name	Location	Date and Year Enrolled	Date and Year Withdrawn	Reason for Withdrawal

Has the student ever been suspended or expelled from school for any reason? Yes No

If yes, please provide details:

PAYMENT INFORMATION

Payment of Tuition Fee Annually Termly

Payment by Father Mother Company

Information for Debit Note / Invoice

Company Name (if payment by company)

Attention to

Address

Tax Code

Information for Debit Note / Invoice

Attention to

Address

APPLICATION PROCESS CHECKLIST FOR PARENTS

- | | |
|---|--|
| <input type="checkbox"/> Application Fee | <input type="checkbox"/> Current Passport Photographs <i>Parents and Children</i> |
| <input type="checkbox"/> School records from last 2 years <i>as applicable</i> | <input type="checkbox"/> Immunisation Record <i>of the applicant</i> |
| <input type="checkbox"/> Personal information Collection Statement <i>signed by Parent / Guardian</i> | <input type="checkbox"/> Special Education Needs (SEN) Assessment Documentation <i>as applicable</i> |
| <input type="checkbox"/> Copy of Passport or Birth Certificate and KITAS <i>of the applicant</i> | <input type="checkbox"/> Bus Service Request Form <i>if required</i> |
| <input type="checkbox"/> Copy of Passport and KITAS <i>of the Parents</i> | <input type="checkbox"/> Copy of Medical Insurance Policy <i>of the applicant</i> |

STUDENT RECORD

Nord Anglia School Jakarta

STUDENT GENERAL HEALTH

Please ensure that the school has up-to-date health records for any medical conditions that your child may currently have a develop at a later stage.

Does your child have any medical condition(s) or chronic disease which require medication, restriction of activity, or which may affect his/her normal day at school? If yes, please list below:

Medical Condition(s) (please include allergies and their relevant detail(s))

Is your child under a physician's care? Yes No

Is your child taking any kind of medication? Yes No

Is your child taking any medication specifically for emotional or behavioural problems? Yes No

Has your child had any injury or surgery that may affect his/her normal day at school? Yes No

Does your child have any significant allergies? Yes No

(food, Medicine, Unsedated, etc) please provide details

LEARNING/BEHAVIOUR ISSUES

Please tick the appropriate box. If you answered yes to any of the questions, please provide more details below:

Has your child, now or in the past, had any special educational needs (e.g. school support, educational Psychologist)? Yes No

Is your child currently receiving support in their learning? Yes No

Does your child have specific educational needs? Yes No

Has your child received Speech Therapy, Occupational Therapy, or Physiotherapy? Yes No

Does your child have any problem that limits or affects his/her participation in physical education? Yes No

Does your child wear a hearing aid? Yes No

Does your child have trouble with vision? Yes No

Has your child been tested and/or received help for Emotional/Behavioural issues? Yes No

*The school reserves the right to reassess children if a false declaration has been made or other conditions, learning difficulties or medical issues arise.

PARENTAL CONSENT

We confirm our consent for the school to administer school approved over-the-counter medications to our child/children for symptom relief of minor illness.

Yes No

MEDICAL CONSENT AND EMERGENCY CONTACT FORM

Nord Anglia School Jakarta

Student's Full Name				
Date of Birth	Age	Height	Weight	Blood Type <i>(if known)</i>
Religion (if any)		Class Teacher		
Nationality (Passport)		Passport Number		
First Language				
Home Address				
Town/City		Postal Code		

EMERGENCY CONTACTS

1. Name	Relationship		
Day-time Telephone	Mobile Number	Home Telephone	
2. Name	Relationship		
Day-time Telephone	Mobile Number	Home Telephone	

SIBLING(S)

1. Name	Class
2. Name	Class
3. Name	Class
4. Name	Class

MEDICAL INSURANCE

Does your child have medical insurance?	<input type="checkbox"/> Yes	<input type="checkbox"/> No*	Medical Insurance Provider
Policy Number	Insurance Emergency Call Centre Number		
*If your child has no insurance policy, please tick the box and sign below:			
<input type="checkbox"/> I acknowledge that my child has no medical insurance policy and that I will be responsible for any fees incurred due to personal loss or injury.			
Signed			

MEDICAL AND DIETARY INFORMATION

<input type="checkbox"/> Bed Wetting	<input type="checkbox"/> Seizure of any type	<input type="checkbox"/> Heart Condition	<input type="checkbox"/> Travel Sickness
<input type="checkbox"/> Epilepsy	<input type="checkbox"/> Sleepwaking	<input type="checkbox"/> Asthma	<input type="checkbox"/> Recent breaks or sprains
<input type="checkbox"/> Diabetes	<input type="checkbox"/> Migraine Headaches	<input type="checkbox"/> Allergies	<input type="checkbox"/> Fainting
<input type="checkbox"/> My child has been in contact with or has suffered from a contagious or infectious disease in the last four weeks.			
<input type="checkbox"/> Others <i>(Please specify)</i>			
Please give further details of ANY boxes that you have ticked, or any other relevant information, including dietary considerations. Please write N/A if there is nothing to add.			

MEDICAL CONSENT AND EMERGENCY CONTACT FORM

Nord Anglia School Jakarta

MEDICATIONS

My child does not require any medication in school OR Please complete the table below if your child is on ANY medications (Prescription or non-prescription, including traditional):

Name of Medication (in English)	Reason for Medication (in English)	Daily Timing and Dosage

- All medications must be clearly marked in English with pupil's name, name of medication, dosage amount and when medication is given.
- Except for EPIPEN & INHALERS, pupils are not permitted to be in possession of any medication whilst on a school trip.
- A member of School staff, prior to departure, will collect all medications. All medications will be kept in the first aid kit & administered by staff.

NON-PRESCRIPTION MEDICATIONS

I give my permission for my child to receive oral, non-prescription medications if necessary (i.e. Paracetamol) Yes No

Name of Medication (in English)	Please tick if accept to be given
	<input type="checkbox"/>
	<input type="checkbox"/>
	<input type="checkbox"/>
	<input type="checkbox"/>
	<input type="checkbox"/>

IMMUNISATIONS

Last Tetanus Shot Date: _____ |Day|Month|Year Rabies Shot Date: _____ |Day|Month|Year

Other shot(s) according to local health requirement:

Name of Shot:	Last Shot Date:	Date of Booster (if applicable):
	_____ Day Month Year	_____ Day Month Year
	_____ Day Month Year	_____ Day Month Year
	_____ Day Month Year	_____ Day Month Year
	_____ Day Month Year	_____ Day Month Year
	_____ Day Month Year	_____ Day Month Year

SWIMMING LEVEL

Non-Swimmer Beginner Intermediate Advanced

COMMENTS / CONCERNS

I, _____, legal guardian of _____ certify that the above information is correct and current as of today.

Parent/Guardian Name: _____ Signature: _____ |Day|Month|Year

PERSONAL INFORMATION COLLECTION STATEMENT

Nord Anglia School Jakarta

The personal data collected from applicants and/or their parents/guardians pursuant to this Application Form will be handled by our staff, kept confidential and used by Nord Anglia School Jakarta (the "School", "we" or "us") for lawful and relevant purposes including but not limited to:

- (a) assessing the suitability of applicants' admission to the School;
- (b) processing applications for admission;
- (c) verification of the applicant's examination results, academic records and other information;
- (d) school administration and operation after admission;
- (e) sending communications to parents and students including but not limited to newsletters and information about events and extra-curricular activities provided by the School or third party providers;
- (f) statistical and research purposes;
- (g) other school related purposes; and
- (h) alumni activities.

If any of our communications constitute direct marketing we will separately seek your consent where required by law.

We may disclose some of the data to third parties such as agencies (including the Indonesian government), service providers and contractors (whether within or outside the jurisdiction in which the School is located) appointed by us to undertake some of our academic, pastoral and administrative functions. This includes transferring data between affiliates. We will not disclose any personal data to any external bodies or organisations unless:

- (a) Such disclosure is expressly provided for under this Statement;
- (b) Permitted to do so by the applicant or his/her parent/guardian; and/or
- (c) Permitted or required by law.

Personal data may be stored in our or our affiliates' database systems (which may be located within or outside the jurisdiction in which the School is located) and online portals and where application is successful, such

personal data will form part of the applicant's official student records. It may also be stored in online student resources such as the global classroom.

Where such personal data is not required to be retained by law, such personal data may be destroyed within 24 months following rejection of the application or otherwise as required or permitted by law.

If a Parent School Group (PSG) is established, we may provide such personal data to the relevant PSG for inclusion in the parent directory and other PSG activities. If an applicant or his/her parents/guardians do not wish for such data to be included in the PSG directory, please inform us.

We may place a student's photo, video footage, name or school work in our or our affiliates' website, social media, marketing materials, corporate communications (including annual reports) or publications.

In the event that a student already has a sibling at the School, the records of such sibling will be updated according to the data provided on the new student's Application Form where relevant.

Failure to provide the requested data may result in us being unable to process the application and may influence the outcome of the application.

All practicable and reasonable steps will be taken to ensure that personal data held by us is accurate. We will take all practicable steps to ensure security of the personal data and to avoid unauthorised or accidental access, collection, use, disclosure, copying, modification, disposal, erasure or other use.

Requests for access and correction personal data held by the School should be addressed in writing to the Principal (addressed to the School). We may levy a charge for accessing the information.

The terms of the School's Privacy Policy can be found in the school's website.

ACKNOWLEDGEMENT

I have read and fully understand the above contents and acknowledge that I accept these terms voluntarily and freely.

Surname _____ First _____ Middle _____
Name of Student

Name of Parent/Guardian

Signature of Parent/Guardian

_____|_____|_____
Date