

Application Form



NAS Jakarta

Jalan NIS 1 Kenanga Terusan, Ampera Raya Cilandak, Jakarta Selatan 12560 Jakarta, Indonesia

L +62 21 782 3930

□ admissions@nasjakarta.sch.id

ADMISSION CONTRACT Nord Anglia School Jakarta

Definitions in the Legal Information

- "Parents/Guardians" means the parent or legal guardian making this application.
- **"School"** means the school providing educational services under this application.
- **"Student"** means the child/children for whom Parents/Guardians are applying.
- **"School Material"** means the School website and marketing and operational materials (but excluding School Policies and Rules) provided to Parents/Guardians.

Schools Obligations

The School undertakes to provide tuition in accordance with the School Material. The School reserves the right to amend the School Material from time to time and any reference to the School Material herein is a reference to the most up-to-date School Material. The manner the school provides tuition may be varied by the school (acting reasonably). If required (as determined by the School at its discretion), the School may provide tuition by way of virtual schooling, in accordance with the School Material. Nothing contained in the School Material binds the School to any specific procedures or policies, and nothing in the School Materials creates a contractual obligation, express, implied, unilateral, or otherwise between Parents/Guardians and the School.

Compliance with School Policies and Rules

I/We agree to:

- (a) support and abide by the School's stated philosophy, goals and objectives;
- (b) comply with the School Policies and Rules to the extent that they are notified and apply to me/us; and
- (c) ensure that the Student will comply with School's behavior policy/code of conduct and applicable rules and regulations. In the case of serious non-compliance with the School Policies and Rules, the School reserves the right to suspend or expel the Student. In this event, the School may decide, at its sole discretion, not to provide any refund or reduction of fees already paid or which are payable to the School.

School Policies and Rules (that are expressly identified as such) shall form part of these terms and conditions as if they were set out herein. The School shall have the right to update the School Policies and Rules from time to time. In case anything set out in School Policies and Rules contradicts with the provisions of these Terms and Conditions, the provisions of these Terms and Conditions shall prevail.

Collection from School

The School will use its reasonable efforts to ensure that only those persons authorised by the Parents/Guardians to collect the Student from School are able to do so.

Approval from Parents/Guardians

I/We agree that if any matter requires our approval or notification to us, it will be sufficient for the School to obtain approval from or notify one of us (as applicable).

Liability Waiver

I/We agree that the Student attends the School at his/her own risk and that the School is not liable in respect of any injury or liability that may occur to the Student whilst (i) attending the School generally (or as the case may be, attending the School's Virtual Schooling provision), (ii) participating in activities (organised by the School and/or a third party), or (iii) the Student is using the School's computers, except to the extent that the injury arises as a direct result of the gross negligence of the School. I/We further release and agree to hold the School harmless and indemnify the School, its officers, its employees, and its agents from any liability and/or injuries sustained by the Student, including related expenses and attorney's fees. The School will not be responsible for any loss or damage to the Student's personal belongings. I/We acknowledge that there are other educational services that exist in the market and that the School is not the sole establishment by which the Student can receive educational services.

Theft

The School shall not be responsible in the case of items that are stolen or otherwise lost or missing including, without limitation, money, jewellery,

computers and personal electronic devices, mobile phones and/or valuable objects. The School has no responsibility for safe-keeping of personal effects of the Student or the Student's parents.

Payment of Fees

- (a) I/We confirm that we have received a copy of the fee schedule and associated terms and conditions of the School (the "Schedule of Fees"), the terms of which are incorporated by reference herein, and agree that I/We will adhere to the terms and conditions of the Schedule of Fees.
- (b) I/We agree that all fees shall be paid in accordance with the Schedule of Fees. The School reserves the right to amend the Schedule of Fees from time to time and any reference to the Schedule of Fees herein refers to the most up-to-date Schedule of Fees.
- (c) The School reserves the right to cancel the enrolment of any Student or not to accept a student into the School for any reason or for no reason at any time before all applicable fees have been paid in full.
- (d) In the event of any inconsistency between these terms and conditions and those set out in the Schedule of Fees, these terms and conditions shall prevail.
- (e) The School does not accept payments from any sanctioned or prohibited parties (e.g. banks, individuals, or companies) as designated by an official government, including the UK, EU, UN, US and the relevant local government.

Withdrawal and refund of fees

- (a) I/We agree to give the requisite notice as set out in the Schedule of Fees to the School prior to any withdrawal of the Student from the School.
- (b) In the event of withdrawal, the School will only refund fees as set out in the incorporated Schedule of Fees.
- (c) In the event of a refund of fees, the School will refund (by bank transfer) (i) to the parent/guardian/company whose name appears in the payment document as payer of that year's fees without obtaining prior approval from the parent/guardian, and (ii) to the bank account used by such parent/ guardian/ company. The School will not wire or transfer refunded fees or other monies to another person or entity.

Inspection

I/We authorize the School to inspect and conduct a search of any place or item on the School campus or any School-related event, including but not limited to the Student's locker, book bag, backpack, clothing, vehicle, computer, or personal electronic devices. Inspections or other searches may be conducted by the School on a routine or random basis or as deemed to be reasonably necessary in connection with suspicion of wrongdoing or of harm to other Students. I/We acknowledge that the Student must provide any passwords, combinations, or other access information required to inspect such places or items. I/We further authorize the School to seize and permanently retain property discovered by an inspection or search which is considered potentially harmful, dangerous, illegal to possess, inappropriate, or the possession of which is a violation of the School's rules, community standards, and/or local, state, provincial, federal, national, or any other governmental law.

Change of Details

I/We agree that:

- (a) any changes to the Student's particulars, including identifying information, medical history, food preferences, and allergies, shall be advised in writing as soon as possible to the School; and
- (b) any change of my/our contact details and/or emergency contact shall be immediately notified to the School.

Failure to Disclose

I/We agree that the failure to disclose relevant information (medical or otherwise) to the School may result in withdrawal of an offer of a place at the School and that in this event, the School may decide, at its sole discretion, not to provide any refund or reduction in fees already paid or which are payable to the School.

General statement regarding truth and accuracy

I/We have legal custody of the Student who is applying to attend the School, or I have the legal custodian's consent. I/We certify that all information contained in this application is complete and correct. Should it be determined that Parents/Guardians have provided materially incomplete or untruthful information to the School, the School may decide, at its sole



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discretion, to cancel the Student's enrolment and not to provide any refund or reduction in fees already paid or which are payable to the School.

Force Majeure

I/We acknowledge that the School's duties and obligations provided herein shall be suspended immediately and without notice during all periods that the School is closed because of force majeure events including but not limited to, any fire, weather conditions, war, governmental action, acts of terrorism, epidemic, pandemic, or any other event beyond the School's reasonable control (a "Force Majeure Event"). If a Force Majeure Event occurs, the School's duties and obligations provided herein will be postponed until such time as the School, in its sole discretion, may safely reopen.

In the event that the School cannot reopen due to a Force Majeure Event, the School is under no obligation to refund any portion of the fees paid. Unless otherwise indicated by the School, during any Force Majeure Event, I/We acknowledge that I/We are solely responsible for the safety and well-being of the Student.

Where on-campus education is not possible as a result of the Force Majeure Event for a period of more than 7 days (the "FM Period"), the mitigation steps to be taken by the school may include the provision of virtual schooling, as determined by the school, and to be deployed in accordance with the School's virtual school experience policy from time to time.

It is acknowledged and agreed that the provision of such virtual schooling by the School shall be the agreed replacement for on-campus learning during the FM Period.

Enforceability of Terms and Conditions

Neither failure by the School to enforce any of the Terms and Conditions contained herein or in the incorporated Schedule of Fees, nor oral statements or actions made by or on behalf of the School, its officers, employees, or agents shall constitute a waiver of the right to enforce any provision contained herein

By clicking on this box, you are agreeing to the terms and conditions detailed above

Entirety of Terms and Conditions

I/We acknowledge that these Terms and Conditions contained herein or in the incorporated Schedule of Fees constitute the entire understanding between me/us and the School. No promises, terms, conditions, or obligations exist or are created other than those contained herein or in the incorporated Schedule of Fees. The Terms and Conditions contained herein and in the incorporated Schedule of Fees shall supersede all previous communications, representations, or agreements, either verbal or written, between the parties with respect to the subject matter addressed herein. I/We acknowledge that the Terms and Conditions contained herein and in the incorporated Schedule of Fees may be updated or amended by the School (as determined by the School at its discretion). Any reference to the Terms and Conditions or the Schedule of Fees herein is a reference to the most up-to-date Terms and Conditions and/or Schedule of Fees.

Governing Law

The Terms and Conditions contained herein and in the incorporated Schedule of Fees shall be governed under the laws of the jurisdiction in which the School is located. The venue of any action filed concerning facts arising out of the services provided under this agreement shall lie exclusively with the smallest geographic subdivision in which the School is located, and the parties do consent to jurisdiction there.

Acceptance of an Offer

When an offer is made and accepted, the School will send to the parent/guardians an acceptance letter, along with further information the Parents/Guardians need to be aware of. By enrolling at the School, Parents/Guardians and the Student agree to abide by all policies, terms and conditions as may be issued by the School from time to time.

School Activities: We agree to allow the Student to participate in all of the School's compulsory activities, including residential and outside school trips. The School agrees to give prior notification for outside school trips. Any costs involved relating to such activities shall be notified to Parents/Guardians by the School. By clicking on this box, you are agreeing to the terms and conditions detailed above						
 information will be provided to the School. I/We consent to the processing of medical data relating to the Student. I/We authorize the School and its designated medical care providers to sadministration of allergy medications (such as Epi-Pens or diphenhydrar techniques. If, in the opinion of a properly licensed and practicing physiauthorization or consent, I/We hereby authorize, appoint, and empower the authorization as may be so required. I/We release and agree to hold the School harmless and indemnify the School arise from the provision of such medical care, whether performed by the provider. I/We accept that the School, its officers, its employees, and its agents do not a such medical care. 	nine), bandages, over-the-counter medications, and other first-aid items or cian, the Student needs medical or surgical services which require parental School to act as my/our agent to furnish on my/our behalf such oral or written I, its officers, its employees, and its agents from any liability or injury which may School, its officers, its employees, or its agents, or by any other health-care accept any liability as a result of or in connection with or arising in any way from ehalf of the School, its officers, its employees, or its agents, or by any other					
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	Name & Signature					

APPLICATION FORM Nord Anglia School Jakarta

OFFICE ONLY SECTION	
Date Received	Day Month Year
Expected Date of Enroment	Day Month Year Student's Photo
Proposed Entry Level	
Fees Received Registration Fee Receipt Number	
STUDENT INFORMATION	
Student's Full Name Surname First	Middle
Preferred Name	middle
Date of Birth Day Month Year	Male Female
Nationality (Passport)	
Passport Number	
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 o	other languages understood:
Please assess your child's, as well as your own English language ability in the tal	ble below:
Listening Speaking Reading Writing	
Child 1 = Very Poor 2 = Poor	
Mother 3 = Satisfactory 4 = Good 5 = Very Good	
3 Yely 0000	
FAMILY INFORMATION	
Father / Guardian	Mother / Guardian
Mr Other Please Specify Title	Mrs
Full Name Surname First	Full Name Surname First
Nationality	Nationality
Passport Number	Passport Number
Occupation / Profession	Occupation / Profession
Company Name	Company Name
Company Address	Company Address
Jakarta Residential Address	Jakarta Residential Address
Home Phone Country Area Local Number	Home Phone Country Area Local Number
Business Phone Country Area Local Number	Business Phone Country Area Local Number
Mobile Phone	Mobile Phone
Email	Email
Overseas Address	Overseas Address
First Language Other Language(s) Spoken	First Language Other Language(s) Spoken



APPLICATION FORM Nord Anglia School Jakarta

		ide 2 contact details in Jakarta in case of an emegency if parents / guardians cannot be reached. e provided at a later date if they are unavailable at the time of filling the Application Form					
Contact 1				Conta	act 2		
Full Name Surname	First			Full Na	me Surname	First	
Relationship to Student				Relatio	nship to Student		
Mobile Phone				Mobile	Phone		
Email			_	Email			
SIBLINGS			Please list be or who are ap	elow any sib pplying for	olings who are either already stu a place at the school	dying at Nord A	nglia School Jakarta
Name	Date of E	irth		Year Gr	oup	School	
	Day	Month	Year				
	Day	Month	Year				
	Day	Month	Year				
ACADEMIC AND COM	PLETE SCHOOL	. HISTORY					
School Name	Location	Date and Yea	ar Enrolled		Date and Year Withdraw	ı	Reason for Withdrawal
Has the student ever been s	uspended or expelle	d from school for an	y reason? Ye	es No			
If yes, please provide details	:						
PAYMENT INFORMAT	ION						
Payment of Tuition Fee	(Annually	Termly				
Payment by	(Father Only	Mother Only	y Os _l	olit Fee Payment		%
	(Company Only				Father / Mother / Con	ppany Fee percentage %
If billing should be sent to	another person/ado		e the informat	ion belov	<i>ı</i> :	Father / Mother / Con	npany Fee percentage
Billing name	, , , , , , ,	,,			n/job title		
Billing telephone				Dilling	email address		
Billing address							
APPLICATION PROC	ESS CHECKLIST	FOR PARENTS					
Application Fee				Curre	ent Passport Photographs Po	arents and Child	Iren
School records from las					unisation Record of the applic		
Personal information Co			rdian		al Education Needs (SEN) A		ocumentation as applicable
Copy of Passport and K		IAS Of the applicant			ervice Request Form if requi		s+
Copy of Passport and K	I IAS OF the Parents			Сору	of Medical Insurance Policy	of the applicar	T.



STUDENT RECORDNord Anglia School Jakarta

STUDENT GENERAL HEALTH	Please ensure that the school has up-to-date health records for an conditions that your child may currently have a develop at a later s			
Does your child have any medical condition(s) or chronic disease whis/her normal day at school? If yes, please list below:	which require medication, restriction of activity, or which ma	ay affect		
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 of be	havioural problems?	Yes No		
Has your child had any injury or surgery that may affect his/her no	rmal day at school?	Yes No		
Does your child have any significant allergies?		Yes No		
(food, Medicine, Unseds, etc) please provide details				
LEARNING/BEHAVIOUR ISSUES				
Please tick the appropriate box. If you answered yes to any of the c	questions, please provide more details below:			
Has your child, now or in the past, had any special educational nee	eds (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 ever received Speech Therapy, Occupational Therap	oy, or Physiotherapy?	Yes No		
Does your child have any problem that limits or affects his/her part	ticipation 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.				
SWIMMING LEVEL				
Non-Swimmer Beginner	Intermediate Advanced	I		
ADDITIONAL INFORMATION				
Why did you choose Nord Anglia School Jakarta for your children?				
How did you hear about Nord Anglia School Jakarta?	Word of mouth Education guides The NAS	S Jakarta website		
Live nearby the school Local newspaper/magazines	Other:			

MEDICAL RECORD AND EMERGENCY CONTACT FORM Nord Anglia School Jakarta

Student's Full Name				
Date of Birth				
Age				
Height				
Weight				
Blood Type (if known)				
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				
MEDICAL INSURANCE Does your child have medical ins	surance? Yes No	* Medical Insura	nce Provider	
	surance? Yes No		nce Provider ergency Call Centre Number	
Does your child have medical ins Policy Number *If your child has no insurance po	olicy, please tick the box and sign	Insurance Eme	ergency Call Centre Number	
Does your child have medical ins Policy Number *If your child has no insurance po	olicy, please tick the box and sign	Insurance Eme		
Does your child have medical ins Policy Number *If your child has no insurance po	olicy, please tick the box and sign	Insurance Eme	ergency Call Centre Number	
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Does your child have medical ins Policy Number *If your child has no insurance po	olicy, please tick the box and sign	Insurance Eme	ergency Call Centre Number	
Does your child have medical instruction. Policy Number *If your child has no insurance policy. I acknowledge that my child.	olicy, please tick the box and sign	Insurance Eme	ergency Call Centre Number	
Does your child have medical instruction. Policy Number *If your child has no insurance policy. I acknowledge that my child.	olicy, please tick the box and sign	Insurance Eme	ergency Call Centre Number	
Does your child have medical instruction. Policy Number *If your child has no insurance policy. I acknowledge that my child. Signed	olicy, please tick the box and sign	Insurance Eme	ergency Call Centre Number	
Does your child have medical instruction Policy Number *If your child has no insurance policy I acknowledge that my childy Signed MEDICAL AND DIETARY IN	olicy, please tick the box and signed has no medical insurance policy	Insurance Eme n below: y and that I will be responsible fo	ergency Call Centre Number or any fees incurred due to personal loss or injury.	
Does your child have medical instructions. Policy Number *If your child has no insurance policy. I acknowledge that my child. Signed MEDICAL AND DIETARY IN Bed wetting	olicy, please tick the box and sign I has no medical insurance policy NFORMATION Seizure of any type	Insurance Eme	ergency Call Centre Number or any fees incurred due to personal loss or injury. Travel sickness	
Does your child have medical instructions. Policy Number *If your child has no insurance policy. I acknowledge that my child. Signed MEDICAL AND DIETARY IN Bed wetting Epilepsy Diabetes	NFORMATION Seizure of any type Sleepwaking	Insurance Eme n below: y and that I will be responsible for Heart condition Asthma Allergies	ergency Call Centre Number or any fees incurred due to personal loss or injury. Travel sickness Recent breaks or sprains Fainting	
Does your child have medical instructions. Policy Number *If your child has no insurance policy. I acknowledge that my child. Signed MEDICAL AND DIETARY IN Bed wetting Epilepsy Diabetes	NFORMATION Seizure of any type Sleepwaking Migraine headaches	Insurance Eme n below: y and that I will be responsible for Heart condition Asthma Allergies	ergency Call Centre Number or any fees incurred due to personal loss or injury. Travel sickness Recent breaks or sprains Fainting	
Does your child have medical instructions. Policy Number *If your child has no insurance policy. I acknowledge that my child. Signed MEDICAL AND DIETARY IN Bed wetting Epilepsy Diabetes My child has been in contact. Others (Please specify) Please give further details of ANY	NFORMATION Seizure of any type Sleepwaking Migraine headaches with or has suffered from a cont	Insurance Eme n below: y and that I will be responsible for Heart condition Asthma Allergies agious or infectious disease in the	rany fees incurred due to personal loss or injury. Travel sickness Recent breaks or sprains Fainting le last four weeks.	
Does your child have medical instance policy Number *If your child has no insurance policy in a cknowledge that my child in the sign of t	NFORMATION Seizure of any type Sleepwaking Migraine headaches with or has suffered from a cont	Insurance Eme n below: y and that I will be responsible for Heart condition Asthma Allergies agious or infectious disease in the	rany fees incurred due to personal loss or injury. Travel sickness Recent breaks or sprains Fainting le last four weeks.	
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MEDICAL RECORD AND EMERGENCY CONTACT FORM Nord Anglia School Jakarta

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 medicine): Name of Medication (in English) Reason for Medication (in English) Daily Timing and Dosage	MEDICATIONS						
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** Igive my permission for my child to receive oral, non-prescription medications if necessary (i,e. Paracetamol) Yes No **Non-PRESCRIPTION MEDICATIONS** Igive my permission for my child to receive oral, non-prescription medications if necessary (i,e. Paracetamol) Yes No **Non-PRESCRIPTION MEDICATIONS** Igive my permission for my child to receive oral, non-prescription medications if necessary (i,e. Paracetamol) Yes No **Non-PRESCRIPTION MEDICATIONS** Igive my permission for my child to receive oral, non-prescription medications if necessary (i,e. Paracetamol) Yes No **Non-PRESCRIPTION MEDICATIONS** Igive my permission for my child to receive oral, non-prescription medications if necessary (i,e. Paracetamol) Yes No **Non-PRESCRIPTION MEDICATIONS** Igive my permission for my child to receive oral, non-prescription medications if necessary (i,e. Paracetamol) Yes No **Non-PRESCRIPTION MEDICATIONS** Igive my permission for my child to receive oral, non-prescription medications will be kept in the first aid kit & administered by staff. **Non-PRESCRIPTION MEDICATIONS** Igive my permission for my child to receive oral, non-prescription medications will be kept in the first aid kit & administered by staff. **Non-PRESCRIPTION MEDICATIONS** Igive my permission for my child to receive oral, non-prescription medications will be kept in the first aid kit & administered by staff. **Non-PRESCRIPTION MEDICATIONS** Igive my permission for my child to receive oral, non-prescription medications will be kept in the first aid kit & administered by staff. **Non-PRESCRIPTION MEDICATION*				table below if your child is o	n ANY medicatio	ons	
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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)	A member of school staff, prior to departs	ure, will collect all r	nedications. All m	nedications will be kept in the	first aid kit & a	dministered by st	aff.
Name of Medication (in English) Please tick if accept to be given Day Month Year Day Month Year	NON-PRESCRIPTION MEDICATIO	NS					
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: Day Month Year Day Month Year Day Month Year Day Month Year Day Month Year Day Month Year	I give my permission for my child to receive			if necessary (i,e. Paracetamo	l) Yes	No	
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	Name of Medication (in English)						
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		1					
Day Motitut teat Day Motitut teat							
la lu u lu la lu u lu							
Day Month Year Day Month Year PARENTAL CONSENT	PARENTAL CONSENT	Day	Month	Year	рау	Month	Year
We confirm our consent for the school to administer school approved over-the-counter medications to our		administer school	approved over-t	he-counter medications to	our		
child/children for symptom relief of minor illness.			approved over-t	are counter medications to C	, ui	Ye	es No

PERSONAL INFORMATION COLLECTION STATEMENT Nord Anglia School Jakarta

Nord Anglia School Jakarta uses photos and videos to promote the School to various audiences including on our website and through social media. This gathered done by the School together with Nord Anglia Education Limited and/or its affiliates ("NAE"); together the School and NAE will be referred to as 'we', 'our' or 'us'. The School is gathering content to promote NAE and all its schools around the world.

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Please tick each box to indicate you have read and accepted the following:

I understand and am happy that my child will contribute to, create and

appear in audio and/or audio-visual material and that my child may be recorded and photographed when taking part.

I understand that these may be published in a variety of ways by both

the School and NAE in any media/ advertisements and other publicity materials, direct mail, including in school communications, promotional videos/magazines and online (including social media such as Facebook/Twitter/Instagram) globally.

I understand that the School and NAE need editorial control over any material and agree that we may edit, adapt or translate my child's contribution as they see fit.

I confirm that I waive all 'moral rights' that may exist in the contribution to enable the uses set out above.

I consent to my child taking part in the creation of this media content.

Agreement

The NAE owns the copyright of any images taken and they will only be used for the purpose/s mentioned above. You may withdraw your consent for the use of images at any time and to do so please get in touch with the School's representative (admissions@nasjakarta.sch.id).

Please Note: Conditions for use of images are on the back of the form. By signing this form, you confirm that you have read and understood the conditions of use. (Please see overleaf).

Parent / Legal Guardian Name	Date
Parent / Legal Guardian	
Signature	
Contact Details	
Name of Student	Age
Student signature (if	Date
appropriate)	

By clicking on this box, you are agreeing to the terms and conditions detailed above

Conditions of School Use:

- We will store any images in the NAE's image archives and will use them
 for authorised School and NAE purposes only. We have strict controls
 over the type of images published and over the use of photographs and
 videos on our website or on other online media and we will never sell
 any materials to third parties.
- We are guided by to all relevant data protection regulations and you can find out more about our approach to privacy on our website.
- We may use images in active marketing in accordance with our retention periods but please note that any content shared on social media or online may remain available for longer than this.
- It is the responsibility of the Parents or the Student to inform the School, in writing, if consent needs to be withdrawn or amended.
- Where appropriate, we may add the name of the Student featured in the photograph/film. We will not include personal email or postal addresses, telephone or fax numbers on our website or in printed publications.
- Consent will be recorded on the School's Management Information System and will be retained no longer than is necessary for the purpose the data was obtained for.

Refreshing your consent:

Consent will be refreshed where any changes in circumstances occur – this can include, but is not limited to, the following:

- New requirements for consent i.e. an additional purpose other than described above
- Changes to a pupil's circumstances, e.g. safeguarding requirements mean a pupil's image cannot be used; or
- Any changes in the law

Withdrawal of consent:

If consent is withdrawn the named School representative above will acknowledge receipt of the request in writing by letter or email. The School will delete the file from our image bank within one month of receipt of your request and we will not use it in any new material produced from the date of the letter. Material previously issues which includes the photograph/film may, however, remain in circulation or online, but it will not be included in any future reprints. Where we do not have consent, the Student will be placed on a 'Do not use' list to ensure we respect your rights.

Date

	ACKNOWLEDGEMENT		
I have read and fully understand the	above contents and acknowledge that I accept these ter	rms voluntarily and freely.	
Surname Name of Student	First	Middle	
name of Student			

Signature of Parent/Guardian

Name of Parent/Guardian