<b>CHILD'S NAME:</b>	
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Please stick passport photo of child here

Holistic, Bilingual, and
Multicultural Education for Children

Tiny Tots, Playgroup, TK A, TK B & SD/Primary Grades 1 – 6

# Student Drop-In Application Form Academic Year 2016-2017

Where children love to learn....

Banjar Kumbuh, Mas, Ubud, Bali, Indonesia. Tel: +62 821 4524 7146 & +62 361 4792 577

Email: office@pelangischoolbali.com www.pelangischoolbali.com

For office use only:	
Application form received & checked by:	Date:
Application ACCEPTED/DECLINED by:	Date:
Invoice sent by:	Date:
Payment received by:	Date:
Data entered by:	Date:
Further action:	

### APPLICATION FORM



Entering Level	TT / Playgroup TK A	/B SD
Please specify class (TT / PC	G / TKA / TKB / 1 / 2 / 3 / 4 / 5 / 6):	Start Date:
Intended length of enrollment	: Full Year / Quarter 1 / Quarter 2	/ Quarter 3 / Quarter 4
Child's Information		
Complete Name of Child	:	
Nickname	:	
Place & Date of Birth	:	
Gender	:	
Nationality	:	
Parents or Guardians of Child		
	Father	Mother
Name of Parents/Guardians	:	
Nationality	:	
ID / Passport Number	:	
Permanent Address	:	
Current Local Address	:	
Profession	:	
Telephone Number(s)	:	
Email	:	
In Residence With Child	: YES/NO	YES/NO
Any Restricted Access Information (where applicable)	:	
Child's Language		
First Language	:	
Languages Spoken	Beginner Intermediate Fluent	Beginner Intermediate Fluent



List those persons who can be called in case of an emergency – local contacts (minimum 2 required)

			Address:	
Contact pho	one number(s):			
Relationship	p to child:			
Name:			Address:	
Contact pho	one number(s):			
Relationship	p to child:			
Name:			Address:	
Contact pho	one number(s):			
Relationship	p to child:			
List those pe	ersons who can be	called in ca	se of an emergen	cy – contacts abroad
Name:			Address:	
Contact pho	one number(s):			
Contact pho				
			Address:	
Relationship			Address:	
Relationship	p to child:  one number(s):		Address:	
Relationship Name: Contact photographic	p to child:  one number(s):  p to child:		Address:	
Relationship Name: Contact photographic Relationship	p to child:  one number(s):	A		
Relationship Name: Contact photographic	p to child:  one number(s):  p to child:	Age	Address: School	
Relationship Name: Contact photographic Relationship	p to child:  one number(s):  p to child:	Age		
Relationship Name: Contact photographic Relationship	p to child:  one number(s):  p to child:	Age		

## CONFIDENTIAL HEALTH INFORMATION



Doctor's Name	:		
Doctor's Address	:		
Doctor's Telephone Number(s)	:		
Please give details below of any (Please note, the school warung			getarian)
Please list any food allergies:			
What procedures should the scho	ol take if your child ingests	specific food:	
Is your child currently taking any		YES	NO NO
(If yes, and these medications mu to school, please visit the school complete & return a Medication Pe	office to		_
Does your child have any hearing		YES	NO
Does your child have any vision p	roblems?	YES	NO
Does your child have any allergies		YES	NO NO
(If you have answered YES to any	of the above – please give o	details below)	

## CONFIDENTIAL HEALTH INFORMATION



#### **IMMUNIZATION HISTORY**

Pelangi School strongly encourages families to have their children fully immunized. If your child has been immunized, please fill in the date of last immunization.

Diphtheria/Tetanu	us/Pertus:	sis :			
Chicken Pox		:			
Measles/Mumps/I	Rubella	:			
Tetanus (every 10	) years)	:			
Tuberculosis		:			
Typhoid (every 3	years)	:			
Hepatitis A		:			
Hepatitis B		:			
Polio		:			
Other		:			
Has your child ev (If yes, please fill Asthma			and any relev		
Chicken pox	:	YES / NO			
Dengue fever	:	YES / NO			
Diabetes	:	YES / NO			
Epilepsy	:	YES / NO			
Severe Headache	es :	YES / NO			
Heart condition	:	YES / NO			
Tuberculosis	:	YES / NO			
Typhoid fever	:	YES / NO			
Measles	:	YES / NO			
Mumps		YES / NO			
Rubella	:	YES / NO			
Nose bleeds	:	YES / NO			
Allergies (inc NU	<b>T)</b> :	YES / NO			
HIV	:	YES / NO			
Other	:	YES / NO			
Has your child or (Please check the	•	•		•	the following?
Tuberculosis			Typhoid		]
Asthma			HIV		
Epilepsy					

## WELLBEING & EDUCATIONAL INFORMATION



Has your child ever had studying difficulties, had to follow an individual educational program or been assessed as having additional or special needs? Yes	No
If yes, please give a brief explanation. *If your child has had an Assessment and Evaluation conducted, please provide a copy of the report.	
Has your child ever received any special academic, social or emotional support? (i.e. speech, language, psychological)  Yes	No
If yes, please give a brief explanation. *If your child has had an Assessment and Evaluation conducted, please provide a copy of the report.	
Does your child have any particular habits/behaviours or needs for special attention of which the teachers should be aware?	No
Marco places who a brief combonation.	
If yes, please give a brief explanation:  *If your child has had an Assessment and Evaluation conducted, please provide a copy of the report.	
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*If your child has had an Assessment and Evaluation conducted, please provide a copy of the report.  Does your child have any limitations participating in physical activities?  Yes	No
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*If your child has had an Assessment and Evaluation conducted, please provide a copy of the report.  Does your child have any limitations participating in physical activities? Yes  If yes, please give a brief explanation:  Has your child ever been suspended from, or asked to leave a school? Yes	

## LANGUAGE PROFICIENCY INFORMATION



What was the main language of instruction at your child's last school?			
Name, address & telephone number of your child's last school?			
What language does your child primarily speak at home?			
Is your child fluent in spoken English?		Yes	No
If necessary, please include any further info	rmation.		
Is your child proficient when writing in Engli	ish?	Yes	No
If necessary, please include any further info	rmation.		
Is your child proficient when reading in Engl	lish?	Yes	No
If necessary, please include any further info	rmation.		
Has your child ever been in an English as a	Second Language Program?	Yes	No
If yes, please give a brief explanation.			

Please note: Non-native English speaking children, or those whose previous education was in a school where the language of instruction was not English, may be required to complete a language proficiency evaluation.

We, the undersigned parents/guardians of:

Hereby	/ agree to the	following:			
1.	I / we give p	ermission for my /	our child to	participate	in all field trips.
2.	in Pelangi s	ssion for my child' chool promotional s and social media	materials si	uch as news	sletters, website, print
3.		of an accident on o cept liability for an			-
4.	administer f	irst aid and if nece spital. Pelangi Scho	ssary, to ha	ve my / our	ion for Pelangi School to child transported to a medical bility for any resulting costs that
This aç	on or off the I / we accep greement ren	of any damage or de property of Pelang t full moral and fina nains in effect for the School. When app	gi School (ir ancial respo ne entire du	ncluding fiensibility.	e period my / our child is
Date aı	nd Place:				
Signea	i,				
		lease affix stamp here			
(	Full nam	e in capitals	)	(	Full name in capitals
	Guardia	an/Parent 1			Guardian/Parent 2

Pelangi School - Ubud Yayasan Cahaya Pelangi



#### DROP-IN POLICIES

Pelangi Drop-In Policies have been created to benefit temporary visitors to Bali who are seeking a short-term solution for their children's education & care.

- The focus of Drop-In is for the younger children: TT & Playgroup.
- For the older grades, Drop-In can be distracting for the regular students and an extra burden on the classroom teachers. For this reason, TK and SD Drop in students are accepted subject to approval from teachers and the Pelangi School director.
- · The maximum period for Drop in students at all class levels is one month or 20 school days.
- $\cdot$  If a child attends Drop-In for one month and then decides to enroll full time at Pelangi School, the cost of the Drop-In can be applied towards the student's full tuition & fees for the year.
- $\cdot$  Registration for Drop-In students must occur 48 hours before a child can start classes, unless otherwise agreed to by the Director.
- · All Drop-In students are required to wear Pelangi uniform. T-shirts are available for purchase from the school office.
- · Children must come to school prepared with snacks and lunch (snacks and lunch can also be ordered at Warung Bambu if paid for in advance). Due to allergies, NO PEANUTS are allowed at Pelangi School.
- · Registration and Drop-In fees must be paid in advance. Children will not be permitted in school unless fees are settled prior to the beginning of the Drop-In period.
- · There will be no refunds given for Drop-In tuition.
- · If a child attends Drop-In for one month and then decides to enroll full time in Pelangi, the cost of the Drop-In can be applied towards the student's full tuition & fees for the year.

#### **Drop-In Fees 2016-17**

Class	20 days
Tiny Tots	4,800,000
Playgroup	6,200,000
TKA & TKB*	8,100,000
SD Grades 1 – 6*	9,400,000

Registration Fee for all new Drop-In students	200,000
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<sup>\*</sup> TKA - Class 6 compulsory 20 day min/max Drop-In periods

#### Method of Payment

Payments are to be made by bank transfer or direct deposit to account:

Bank: BRI

Address of Bank: CabangUbud, Jl. Raya Ubud
Beneficiary Name: YAYASAN CAHAYA PELANGI BALI

Account Number: 0590-01-000063-30-2

Swift Code: BRINIDJA

Note: (Please mention child's name & grade, parent's name on bank transaction receipt)
Please bring your payment receipt on or before your child's first day of school, before the start of the school day.



## STUDENT APPLICATION CHECKLIST

Before a student is accepted at Pelangi School, please ensure the following completed documents are provided (one form per child enrolled):
<ul> <li>Student Drop-In Application form</li> <li>Release of Liability form</li> <li>Code of Conduct Agreement for parents, carers &amp; visitors</li> </ul>
Pelangi School also requires <i>photocopies</i> of the following:
Most recent school report
All evaluation reports (where applicable)
Each student will meet with the Director and/or Year Teacher prior to year placement being offered. When a place for your child is offered by the school and accepted by parent(s)/guardian(s), the registration and daily Drop-In fees are due in advance.
Please note:

Student's placement may be on a provisional basis pending the receipt of all requested information and/or an English proficiency evaluation.