ENQUIRY FORM

Please complete all applicable information



Date Of Enquiry (day/month/year):					
Name Of Parent:					
Contact Details	- Phone: - Email:				
Date wishing to start school:					
Enrolment length required:		FULL	HALF YEAR	QUARTER YEAR	OTHER*
*If OTHER, please give details:					
		20 DAY DROP-	Dates from	to	
Type of tour required?		IN PERSON	VIDEO Lang	uage? ENGLISH	B.INDONESIA
Child's Full Name:					
Date of Birth (day/month/year):				Gender:	
Current Class:			Nationality	:	
Last School Attended (full name and country):					
If you are not in Bali	i, when will you a	arrive?			
For non-Indonesians currently in Bal		li, when did you	arrive?		
For non-Indonesians currently in Bal		li, what type of v	visa do you hold?		
ENGLISH LANGUAGE PROFICIEN - SPOKEN:		NCY LEVEL None	Beginner	Intermediate	Fluent
(<u>FROM AGE 5 UPWARDS</u>) - WRITTEN:		None	Beginner	Intermediate	Fluent
	- READING:	None	Beginner	Intermediate	Fluent
BAHASA INDONESIA PROFICIEN: - SPOKEN:		CY LEVEL None	Beginner	Intermediate	Fluent
Other important information:					
How did you hear a	bout us?				