



# THE INTERNATIONAL SCHOOL BATAM

## APPLICATION FOR ADMISSION

Name of Child: _____ Sex: _____ Last First Middle	Photograph here
Date of Birth: _____ Place of Birth: _____ Day Month Year	
Nationality: _____ Family Tongue: _____	
Passport No.: _____ Diplomatic/Dinas/Kitas No: _____	
Religion: _____ Ages of brothers/Sisters: _____	

Previous School	City	Country	Dates of Attendance
1.			
2.			
3.			
Has your child received any additional educational or Medical support at a previous school?			

FATHER		MOTHER	
Name: _____	_____	_____	_____
Last First		Last First	
Nationality: _____	_____	_____	_____
Diplomatic/Dinas/KITAS No: _____	_____	_____	_____
Profession:			

BATAM ADDRESS		PERMANENT ADDRESS	
Address: _____		Address: _____	
Tel: _____	Fax: _____	Tel: _____	Fax: _____
E-mail: _____			

INVOICES TO BE SENT TO:
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COMPANY DETAILS	
Nature of Business: _____	Tel: _____
Name: _____	Fax: _____
Address: _____	

Date of Admission requested
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FOR OFFICIAL USE ONLY Medical Form Bus Form
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ANY RELEVANT MEDICAL BACKGROUND INFORMATION
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By lodging this application I/we commit myself/ourselves to support the school in the achievement of its aims and objectives. This includes an undertaking to wear the uniform and support the social code in all respects. We accept that any offer of placement is conditional on the accuracy of the information provided above. False, inaccurate or misleading information could lead to the child's withdrawal from school.

\_\_\_\_\_  
Signed (Parent)

\_\_\_\_\_  
Date

The following documents must accompany this application

1. Previous school reports which include both educational & character reference.
2. Application fee
3. Two recent photographs.
4. Photo copy of Father's and Child's passports.
5. Photo copy of Father's and child's Diplomatic/Dinas/Kitas (if available)