

STUDENT APPLICATION



OFFICE USE

Application Date: _____
 Grade Applied For: _____
 Interviewed By: _____
 Reviewed By: _____
 Accepted By: _____

PHOTO

Student ID	_____
------------	-------

SECTION A – STUDENT INFORMATION

Last Name	_____	First	_____	Middle	_____
Nickname	_____	Gender	Male <input type="checkbox"/> Female <input type="checkbox"/>	Religion	_____
Birth Date	D _____ M _____ Y _____	City / ST / Province	_____	Country	_____
Citizenship	_____	Passport #	_____	Visa – KIM/S #	_____
Residential Address	_____				
	City	ST / Province	_____	Postal Code	_____
	_____	_____	_____	_____	_____
Mailing Address (if different)	_____				
	City	ST / Province	_____	Postal Code	_____
	_____	_____	_____	_____	_____
Home Phone	_____	Mobile #	_____	E-mail	_____

SECTION B – FATHER (GUARDIAN) INFORMATION

Last Name	_____	First	_____	Middle	_____
Citizenship	_____	Passport #	_____	Visa – KIM/S #	_____
Marriage Status (for Father only - N/A for guardian)	Married <input type="checkbox"/> Separated / Divorced <input type="checkbox"/> Single Parent <input type="checkbox"/>	Gender (for Guardian only)	Male <input type="checkbox"/> Female <input type="checkbox"/>		
Home Ph #	_____	Mobile #	_____	E-mail	_____
Residential Address (if different than student)	_____				
	City	ST / Province	_____	Postal Code	_____
	_____	_____	_____	_____	_____
Mailing Address (if different than student)	_____				
	City	ST / Province	_____	Postal Code	_____
	_____	_____	_____	_____	_____
Employer	_____	Occupation	_____	Work Ph #	_____
Employer Address	_____				
	City	ST / Province	_____	Postal Code	_____
	_____	_____	_____	_____	_____

SECTION C – MOTHER (GUARDIAN) INFORMATION

Last Name	_____	First	_____	Middle	_____
Citizenship	_____	Passport #	_____	Visa – KIM/S #	_____
Marriage Status (for Mother only - N/A for guardian)	Married <input type="checkbox"/> Separated / Divorced <input type="checkbox"/> Single Parent <input type="checkbox"/>	Gender (for Guardian only)	Male <input type="checkbox"/> Female <input type="checkbox"/>		
Home Ph #	_____	Mobile #	_____	E-mail	_____
Residential Address (if different than student)	_____				
	City	ST / Province	_____	Postal Code	_____
	_____	_____	_____	_____	_____
Mailing Address (if different than student)	_____				
	City	ST / Province	_____	Postal Code	_____
	_____	_____	_____	_____	_____
Employer	_____	Occupation	_____	Work Ph #	_____
Employer Address	_____				
	City	ST / Province	_____	Postal Code	_____
	_____	_____	_____	_____	_____

SECTION D – SIBLING INFORMATION							
(please list in order from oldest to youngest)							
Full Name		Birth Date	D	M	Y	Gender	Male <input type="checkbox"/> Female <input type="checkbox"/>
Full Name		Birth Date	D	M	Y	Gender	Male <input type="checkbox"/> Female <input type="checkbox"/>
Full Name		Birth Date	D	M	Y	Gender	Male <input type="checkbox"/> Female <input type="checkbox"/>
Full Name		Birth Date	D	M	Y	Gender	Male <input type="checkbox"/> Female <input type="checkbox"/>
Full Name		Birth Date	D	M	Y	Gender	Male <input type="checkbox"/> Female <input type="checkbox"/>

SECTION E – GENERAL STUDENT INFORMATION	
Most familiar language spoken: _____	2 nd Language: _____
Does your child speak English at home? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Has your child ever been in an ESL / EFL language program? Yes <input type="checkbox"/> No <input type="checkbox"/> How many months / years? _____	
Has your child learned English? Yes <input type="checkbox"/> No <input type="checkbox"/> Where? Home <input type="checkbox"/> School <input type="checkbox"/> English Course <input type="checkbox"/> Tutor <input type="checkbox"/> Other <input type="checkbox"/>	
Special Interests And Abilities Of The Student	
Parents' / Guardians' Expertise To Share With The School	

SECTION F – EMERGENCY CONTACT INFORMATION							
In the event of an emergency, the school administration may evacuate the school premises.							
The school will attempt to contact parents/guardians first, then the emergency contacts listed below, and in the order listed.							
EMERGENCY CONTACT 1							
Name		Relationship		Gender	Male <input type="checkbox"/> Female <input type="checkbox"/>		
Residential Address							
	City		ST / Province		Postal Code		Country
Home Phone #		Mobile #		Other #			
EMERGENCY CONTACT 2							
Name		Relationship		Gender	Male <input type="checkbox"/> Female <input type="checkbox"/>		
Residential Address							
	City		ST / Province		Postal Code		Country
Home Phone #		Mobile #		Other #			
EMERGENCY CONTACT 3							
Name		Relationship		Gender	Male <input type="checkbox"/> Female <input type="checkbox"/>		
Residential Address							
	City		ST / Province		Postal Code		Country
Home Phone #		Mobile #		Other #			

EMERGENCY EVACUATION ACKNOWLEDGEMENT

I acknowledge the possibility that my child may need to be evacuated from the school premises, and in the event that this occurs, the school will attempt to contact my child's parents / guardians / emergency contacts as stated above.

Signature		Date	
------------------	--	-------------	--

SECTION G – PREVIOUS SCHOOL INFORMATION

Has your child previously attended another formal school? Yes No If "Yes," last grade: K 1 2 3 4 5 6

Has your child ever been retained in a grade? Yes No If "Yes," what grade? _____

Was English used as the primary language of instruction? Yes No If "No," what language? _____

Has your child ever had any academic, discipline, or emotional problems in school or has had trouble with the police or juvenile authorities? Yes No If "Yes," please explain: _____

Has your child ever received any special academic, social or emotional support, i.e. speech / language therapy, emotional or psychological treatment, etc.? Yes No If "Yes," please explain: _____

Has your child ever been placed in any gifted or talented class? Yes No If "Yes," please explain: _____

**Please account for every year your child has been in school.
Note that we require academic records for the previous three years.**

School Name		School Type	(Public / Private / National / Nat'l Plus / Int'l)	From		To	
				(MM/YYYY)		(MM/YYYY)	
Mailing Address				Grade		Grade	
City / ST / Province		Country		Primary Instruction Language			
School Name		School Type	(Public / Private / National / Nat'l Plus / Int'l)	From		To	
				(MM/YYYY)		(MM/YYYY)	
Mailing Address				Grade		Grade	
City / ST / Province		Country		Primary Instruction Language			
School Name		School Type	(Public / Private / National / Nat'l Plus / Int'l)	From		To	
				(MM/YYYY)		(MM/YYYY)	
Mailing Address				Grade		Grade	
City / ST / Province		Country		Primary Instruction Language			
School Name		School Type	(Public / Private / National / Nat'l Plus / Int'l)	From		To	
				(MM/YYYY)		(MM/YYYY)	
Mailing Address				Grade		Grade	
City / ST / Province		Country		Primary Instruction Language			
School Name		School Type	(Public / Private / National / Nat'l Plus / Int'l)	From		To	
				(MM/YYYY)		(MM/YYYY)	
Mailing Address				Grade		Grade	
City / ST / Province		Country		Primary Instruction Language			
School Name		School Type	(Public / Private / National / Nat'l Plus / Int'l)	From		To	
				(MM/YYYY)		(MM/YYYY)	
Mailing Address				Grade		Grade	
City / ST / Province		Country		Primary Instruction Language			

SECTION H – PEDIATRICIAN / DENTIST INFORMATION

Doctor Name		Office #		Mobile #		Fax #	
Office Address							
	City		ST / Province		Postal Code		Country
Hospital Name			Hospital Ph #			Fax #	
Dentist Name		Office #		Mobile #		Fax #	
Office Address							
	City		ST / Province		Postal Code		Country
Hospital Name			Hospital Ph #			Fax #	

SECTION I – HEALTH INFORMATION

Non-Discrimination Policy

equalBright School admits students of any race, color, national and ethnic origin to all the rights, privileges, programs, and activities generally accorded or made available to students of the school. It does not discriminate on the basis of race, color, national and ethnic origin in administration of its educational and admissions policies, athletic, or other school-administered programs.

Medical Information

Blood Type	A <input type="checkbox"/> B <input type="checkbox"/> AB <input type="checkbox"/> O <input type="checkbox"/>	Rhesus (Rh)	Pos <input type="checkbox"/> Neg <input type="checkbox"/>	IMMUNIZATION RECORDS					
Does your child receive continual medical care? Yes <input type="checkbox"/> No <input type="checkbox"/>				Diphtheria, Tetanus, Pertussia			Diphtheria, Tetanus		
If "Yes," please explain: _____				D	M	Y	D	M	Y
Does your child take any medication regularly? Yes <input type="checkbox"/> No <input type="checkbox"/>				D	M	Y	D	M	Y
If "Yes," please explain: _____				D	M	Y	D	M	Y
Does your child use any medical device? Yes <input type="checkbox"/> No <input type="checkbox"/>				D	M	Y	D	M	Y
If "Yes," please explain: _____				D	M	Y	D	M	Y
Does your child have any allergy to food? Yes <input type="checkbox"/> No <input type="checkbox"/> If "Yes," please explain: _____									
Does your child have any allergy to medicines? Yes <input type="checkbox"/> No <input type="checkbox"/> If "Yes," please explain: _____									
Does your child wear eyeglasses, prescription sunglasses, or contact lenses? Yes <input type="checkbox"/> No <input type="checkbox"/>									

List any serious illnesses, accidents, operations, nutritional, dental, mental, or emotional problems or handicapping conditions.

SECTION J – AUTHORIZATION FOR MEDICAL TREATMENT OF A MINOR

If the parent or guardian is not available, I authorize the school administration to arrange for emergency medical treatment. The school may arrange for, or transport directly, the student by ambulance or school transportation, and consent to any necessary examinations, anesthetic, medical diagnosis, surgery or treatment, and/or hospital care to be rendered to the student under the general supervision of any physician or surgeon licensed to practice medicine in Indonesia.

I Agree (initial to the right)		I Disagree (initial to the right)	
Signature		Date	
In case of minor discomfort, I authorize the school to give my child over-the-counter pain relief medication (i.e. Aspirin, Tylenol, Panadol, Ibuprofen, etc.) at the recommended dosage.			
I Agree (initial to the right)		I Disagree (initial to the right)	
Signature		Date	

SECTION K – GENERAL RELEASE AND ACKNOWLEDGEMENT FORM

In consideration of the acceptance of, and recognizing that his or her enrollment at equalBright School ("eB") is voluntary, and that there are certain risks which the Student assumes by enrolling at eB and participating in its educational, residential, athletic, and activity programs, the Student's Parents/Guardians hereby enter into the following General Release and Acknowledgment of consent ("Release and Consent").

- 1) The Student's Parents/Guardians waive, release, and forever discharge all claims, demands, actions or causes of action, which they may now or in the future have against eB, a National Plus educational organization, located in Bandung, West Java, Indonesia, its officers, directors, faculty, staff, employees, agents, and its successors and assigns, for any damages, loss, cost or expense including attorneys' fees, arising out of or in any way connected with any of the following, and further agrees to defend, indemnify and hold harmless, from any and all liability, including, but not limited to attorneys' fees, arising out of or related to the following.
 - a) Any injury or illness suffered by the Student due to her or his participation in any organized or sanctioned activity and or athletic program(s) sponsored by eB, regardless of whether or not it results in the death of the Student, due either to the nature of the activity or the dangers in travel to or from a specific event, whether or not it is the result of the active

Continued →

SECTION K – GENERAL RELEASE AND ACKNOWLEDGEMENT FORM (continued)

or passive negligence of eB. Extracurricular and activity programs or events may include, but are not limited to: aerobics, badminton, baseball, basketball, boxing, canoeing, carnival games, caving, dancing, drama club, floor hockey, hiking, horse back riding, martial arts, music, softball, rock climbing, ropes course, running, soccer, volleyball, weight training, traditional Indonesian games, yoga.

- b) The Student accepts responsibility for wearing appropriate safety equipment during any activity or athletic event.
 - c) Any loss of or damage or injury to property, whether personal, real or mixed, owned by the Student or by another, caused in whole or in part by the Student whether alone or in association with others.
 - d) Any and all claims of whatever nature for injury, death, loss, damage, accident, delay, cost or expense sustained by Student arising out of or related to the use of any vehicle or other mode of transportation.
 - e) Any financial or other obligations or liabilities incurred by or on account of the Student.
- 2) The Student’s Parents/Guardians recognize and acknowledge that eB has absolute discretion in matters relating to the administration of eB and its programs, and the dismissal of the Student from eB. If the Student violates any of the provisions of eB’s policies or any of the terms and conditions of the Student’s enrollment, or if for any other reason is the sole and absolute discretion eB determines that the Student must be dismissed, the Student may be dismissed and sent home at the expense of the Student’s Parents/Guardians.
- 3) The Student’s Parents/Guardians recognize and acknowledge that medical staff used by eB are independent contractors, and not employees of eB, and that eB is not in any way responsible for, and shall not be liable for, any aspect of medical treatment provided to the Student, including, but not limited to the consequences of any examination, advice, diagnosis, medication, treatment, prognosis or other professional services which such medical staff may furnish the Student. The Student’s Parents/Guardians agree to hold eB harmless from any claim related to action of the medical staff.

The Student’s Parents/Guardians represent and warrant that they have disclosed (and will disclose) to eB any existing disability or illness of the Student which may require medical treatment or accommodation.

- 4) eB is allowed to release directory information about a Student without obtaining the Student’s prior consent. Directory information includes, but is not limited to, a Student’s name, address, telephone number, date and place of birth, major field of study, participation in officially recognized activities and sports, dates of attendance at equalBright School, degrees and awards received, and the most recent previous educational institution attended.

The Student’s Parents/Guardians hereby authorize eB, its agents, employees, officers and assigns, to take, process, publish, or otherwise use photographs, motion pictures, video images, or other forms of visual reproduction, and voice prints of the Student either alone or with others, in any way deemed appropriate by eB in the sole and absolute discretion of eB without the pre-approval of the student, for recruitment or promotional purposes. **Any Student’s Parents/Guardians who object to the release of this kind of information, either during or after the Student’s period of attendance at eB, should make a written request to the Admissions Office within one week of registration, asking that directory information and/or visual or vocal reproduction not be released without prior consent. In the absence of a written request, this authorization shall be considered in effect.**

- 5) If any of the provisions of this Release and Consent shall be held invalid or inoperative, they shall be deemed to be severed from this agreement, and given no force or effect, and the remaining provisions shall be given full force and effect.
- 6) The Student’s Parents/Guardians agree that this General Release and Acknowledgment of Consent shall remain in force and be valid as it pertains to any period of time during which the Student is enrolled at eB.

If there are any items on this release that are not fully understood, please call equalBright School at +62 (22) 7090 0038 or +62 (22) 203 9372 or + 62 (22) 203 9373 before signing below.

I have read the foregoing General Release and Acknowledgment of Consent, and understand its provisions. In consideration of the Student’s enrollment in eB, I acknowledge and agree that the Student and I are jointly and severally bound by the General Release and Acknowledgment of Consent.

By signing this document, the Student’s Parents/Guardians represent that they have read this General Release and Acknowledgment of Consent, understand its provisions and agree to be bound by it, and that they have signed it on:

Date	
Signature Of Parent/Guardian	
Printed Name Of Parent/Guardian	

SECTION L – AUTHORIZATION FOR STUDENT PICK UP

The names of at least one or two individuals, in addition to parents/guardians, who are authorized to pick up your child, must be on file in the school office. If anyone else will be picking up your child, it is imperative that you notify the school's office, on or before the day of the authorized pick up. If anyone attempts to pick up your child, and has not been properly registered with the school, the school reserves the right to prevent the pick up until the child's parent(s)/guardian(s) have been contacted to verify the pick up.

Student Name					Class			Teacher		
Authorized For Pick Up:	Mother	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Father	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Guardian	Yes <input type="checkbox"/>	No <input type="checkbox"/>	

AUTHORIZED PICK UP INDIVIDUAL 1

Name					Relationship			Gender	Male <input type="checkbox"/>	Female <input type="checkbox"/>	
Residential Address <small>(if different than student)</small>											
City				ST / Province			Postal Code			Country	
Home Phone #				Mobile #			Other #				

AUTHORIZED PICK UP INDIVIDUAL 2

Name					Relationship			Gender	Male <input type="checkbox"/>	Female <input type="checkbox"/>	
Residential Address <small>(if different than student)</small>											
City				ST / Province			Postal Code			Country	
Home Phone #				Mobile #			Other #				

AUTHORIZED PICK UP INDIVIDUAL 3

Name					Relationship			Gender	Male <input type="checkbox"/>	Female <input type="checkbox"/>	
Residential Address <small>(if different than student)</small>											
City				ST / Province			Postal Code			Country	
Home Phone #				Mobile #			Other #				

AUTHORIZED PICK UP INDIVIDUAL 4

Name					Relationship			Gender	Male <input type="checkbox"/>	Female <input type="checkbox"/>	
Residential Address <small>(if different than student)</small>											
City				ST / Province			Postal Code			Country	
Home Phone #				Mobile #			Other #				

PASSWORD FOR UNUSUAL PICK UP AUTHORIZATION

This password should be kept confidential and should not be shared with anyone other than the parent(s)/guardian(s). The password is used as a means of positively identifying if parent(s)/guardian(s) have verified and authorized a pick up by any individual not previously registered with the school.

THIS PASSWORD SHOULD BE KEPT CONFIDENTIAL AND SHOULD NOT BE SHARED WITH ANYONE OTHER THAN THE PARENT(S)/GUARDIAN(S).

Password										
Signature					Date					

SECTION M – CERTIFICATION OF ACCURACY

"I hereby declare that the details I have provided are true, correct and accurate to the best of my knowledge and in making this application, I have not intentionally and deliberately falsified the information provided. I further declare that there is no misrepresentation in this application. If, during the investigation of this application or at any further date, while my child is enrolled in equalBright School, misrepresentation is found to be true and accurate, there may be disciplinary and administrative action taken by the school, up to and including dismissal from equalBright School."

Signature					Date					
-----------	--	--	--	--	------	--	--	--	--	--