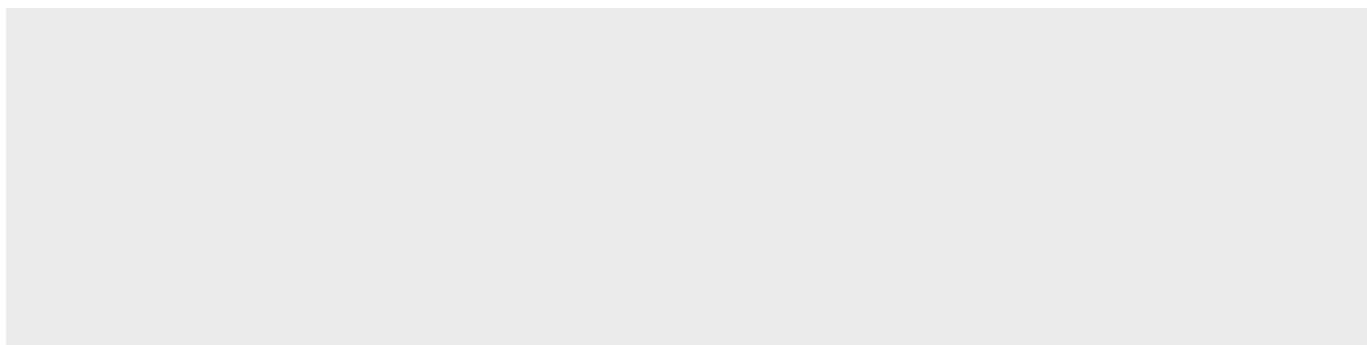


Beacon Academy
Admission Form





Beacon Academy Admission Form

Note: Admissions are granted based on the 'Terms and Conditions of Admission' document

STUDENT DETAILS

Surname

First Name(s)

Date of Birth

Gender Male Female

Country of Birth

Religion

Address

First Language

Other Languages

Passport Number

Nationality

Place of Issue

Date of Expiry

FAMILY INFORMATION

Father/Guardian

Surname

First Name(s)

Nationality

Address

Telephone

Mobile

Email

Mother/Guardian

Surname

First Name(s)

Nationality

Address Tick if same as father

Telephone

Mobile

Email

BUSINESS INFORMATION

Father/Guardian

Occupation

Company

Business Address

Telephone

Email

Mother/Guardian

Occupation

Company

Business Address

Telephone

Email



EMERGENCY CONTACT INFORMATION

Full Name	<input type="text"/>	Phone	<input type="text"/>
Relationship	<input type="text"/>	Mobile	<input type="text"/>
Address	<input type="text"/>	E-mail	<input type="text"/>
	<input type="text"/>		

LANGUAGE

Student's most proficient language	<input type="text"/>	Primary language at home	<input type="text"/>
Father's first language	<input type="text"/>	Mother's first language	<input type="text"/>

Parent's assessment of applicant's ability in English (please tick)

Speaking	<input type="checkbox"/> Fluent	<input type="checkbox"/> Beginner	<input type="checkbox"/> None
Reading	<input type="checkbox"/> Fluent	<input type="checkbox"/> Beginner	<input type="checkbox"/> None
Writing	<input type="checkbox"/> Fluent	<input type="checkbox"/> Beginner	<input type="checkbox"/> None

SUPPORT SERVICES

Has your child ever been tested and/or received help in the following areas ? (please provide all test results available)

	Tested		Received Help		
ESOL	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If yes, which year level <input type="text"/>
Speech & Language	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If yes, which year level <input type="text"/>
Learning Difficulty	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If yes, which year level <input type="text"/>
Reading/Literacy	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If yes, which year level <input type="text"/>
Emotional/Behavioural	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If yes, which year level <input type="text"/>
Other	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If yes, which year level <input type="text"/>

Does your child require any medication prescribed by a physician to aid the learning process? Yes No

If yes, please explain

STUDENT MEDICAL DETAILS

Please Indicate in the boxes provided if your child has ever had the following symptoms/diseases:

<input type="checkbox"/> Asthma	<input type="checkbox"/> Chicken Pox	<input type="checkbox"/> Diabetes	<input type="checkbox"/> Epilepsy	<input type="checkbox"/> Glandular Fever
<input type="checkbox"/> Hepatitis	<input type="checkbox"/> Malaria	<input type="checkbox"/> Measles	<input type="checkbox"/> Mumps	<input type="checkbox"/> Typhoid
<input type="checkbox"/> Heart Problems	<input type="checkbox"/> Kidney Disease	<input type="checkbox"/> Liver Disease	<input type="checkbox"/> Lung Disease	<input type="checkbox"/> Surgery

If you have ticked any of the above boxes, please provide details:



NOTE

If your child has any serious illnesses that need special attention, please attach a certificate from your family doctor.

Special Requirements Glasses Hearing Aid

Allergies (if any):

Medicines Foods Others

CURRENT HEALTH

Weight Height

IMMUNISATION

- Chicken Pox Diptheria Hepatitis A Hepatitis B Measles
- Mumps Polio Rubella Tetanus Typhoid

Please indicate below any medical concerns of which the school should be aware of, for example: allergies, medication etc.

Should any restriction be placed on the child’s activity in the school?

ATTACHED DOCUMENTS

Kindly submit the following documents with the admissions form:

- A non-refundable application fee
- Copy of birth certificate
- School report for the last two years
- Photocopy of visa and KITAS/KIMS (if applicable)
- Photocopy of 1st and 2nd pages of Passport
- Any other information that may be required relevant to the student’s information
- Four colour photograp (4x6)
- Certified copies of immunisation certificates (for students up to year level 2)
- Transfer letter from previous school (if transferring from an Indonesian school)
- Copy of Kartu Keluarga or SKTTPS (for non-Indonesian citizen)
- Signed copy of the ‘Terms and Conditions of Admission’

I attest that the information provided is accurate and complete, and understand that failure to fully disclose any and all of the above information may result in delayed/nullified acceptance of my child.

Signature _____

Date _____

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