





Beacon Academy

Admission Form

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

APPLICATION SELECTION

ACADEMIC YEAR :

Junior School		Middle School		Senior School	
<input type="checkbox"/> Y1	<input type="checkbox"/> Y4	<input type="checkbox"/> Y6	<input type="checkbox"/> Y8	<input type="checkbox"/> Y9	<input type="checkbox"/> Y11
<input type="checkbox"/> Y2	<input type="checkbox"/> Y5	<input type="checkbox"/> Y7		<input type="checkbox"/> Y10	<input type="checkbox"/> Y12
<input type="checkbox"/> Y3					

STUDENT DETAILS

Surname	<input type="text"/>	Passport Number	<input type="text"/>
First Name(s)	<input type="text"/>	Place of Issue	<input type="text"/>
Date of Birth	<input type="text"/>	Date of Expiry	<input type="text"/>
Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female	Nationality	<input type="text"/>
Country of Birth	<input type="text"/>		
Religion	<input type="text"/>		
Address	<input type="text"/>		
	<input type="text"/>		
	<input type="text"/>		

FAMILY INFORMATION

Father/Guardian

Surname	<input type="text"/>
First Name(s)	<input type="text"/>
Nationality	<input type="text"/>
Home Address	<input type="checkbox"/> Tick if same as above
	<input type="text"/>
	<input type="text"/>
Phone Number	<input type="text"/>
Mobile Number	<input type="text"/>
Email Address	<input type="text"/>

Mother/Guardian

Surname	<input type="text"/>
First Name(s)	<input type="text"/>
Nationality	<input type="text"/>
Home Address	<input type="checkbox"/> Tick if same as above
	<input type="text"/>
	<input type="text"/>
Phone Number	<input type="text"/>
Mobile Number	<input type="text"/>
Email Address	<input type="text"/>



BUSINESS INFORMATION

Father/Guardian

Occupation	<input type="text"/>
Company	<input type="text"/>
Business Address	<input type="text"/>
	<input type="text"/>
Phone Number	<input type="text"/>
Email Address	<input type="text"/>

Mother/Guardian

Occupation	<input type="text"/>
Company	<input type="text"/>
Business Address	<input type="text"/>
	<input type="text"/>
Phone Number	<input type="text"/>
Email Address	<input type="text"/>

EMERGENCY CONTACT INFORMATION (OTHER THAN PARENTS)

Full Name	<input type="text"/>	Phone Number	<input type="text"/>
Relationship	<input type="text"/>	Mobile Number	<input type="text"/>
Address	<input type="text"/>	Email Address	<input type="text"/>
	<input type="text"/>		

LANGUAGE

Student's most proficient language	<input type="text"/>	Primary language at home	<input type="text"/>
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EDUCATION BACKGROUND

Name and Country of last two schools	Year / Grade	From (Month and Year)	To (Month and Year)	Language of Instruction

SUPPORT SERVICES

Has your child ever been tested and/or received help in learning process? ☐ Yes ☐ No
(for example : ESOL, Learning difficulty, Emotional/behavioral) If yes, please specify and provide all test results available

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

If yes, please explain

STUDENT MEDICAL DETAILS

Blood Type : _____ Rhesus : ☐ + ☐ -

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 boxes, please provide details:

If your child has any serious illness or any medical concern, please indicate below and attach a certificate from doctor

Special Requirements ☐ Glasses ☐ Hearing Aid

Allergies (if any):

Medicines Foods Others

CURRENT HEALTH

Weight Height

Are you currently on any medication? ☐ Yes ☐ No

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

List any brother/sister who are attending Beacon Academy or who have attended in the past :

ATTACHED DOCUMENTS

Kindly submit the following documents with the admissions form:

- | | |
|---|---|
| <input type="checkbox"/> A non-refundable application fee | <input type="checkbox"/> Four colour photographs of student & parents (4x6 size) |
| <input type="checkbox"/> Copy of birth certificate | <input type="checkbox"/> Certified copy of immunisation certificates (for students up to year 3) |
| <input type="checkbox"/> School report for the last two years | <input type="checkbox"/> Transfer letter from previous school (if transferring from an Indonesian school) |
| <input type="checkbox"/> Copy of student & parents' visa and KITAS/KIMS (if applicable) | <input type="checkbox"/> Copy of Kartu Keluarga or SKTTPS (for non-Indonesian citizen) |
| <input type="checkbox"/> Copy of student & parents passports (if applicable) | <input type="checkbox"/> Signed copy of the 'Terms and Conditions of Admission' |
| <input type="checkbox"/> Any other information that may be required relevant to the student | |

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 _____

www.beaconacademy.net

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