



JAKARTA MONTESSORI SCHOOL

REGISTRATION FORM

Photo of Student
(Max 4 x 6 cm)

Term of Entry : _____

Child's Full Name : _____

Place & Date of Birth : _____

Nationality & Religion : _____

Address : _____

Tel. / Fax No. : _____

Father's Name : _____

Place & Date of Birth : _____

Nationality & Religion : _____

Company's Name : _____

Position : _____

Company's Address : _____

Company's Tel/Fax No. : _____

Mobile No. : _____

E-mail Address : _____



JAKARTA MONTESSORI SCHOOL

Mother's Name : _____

Place & Date of Birth : _____

Nationality & Religion : _____

Company's Name : _____

Position : _____

Company's Address : _____

Company's Tel/Fax No. : _____

Mobile No. : _____

E-mail Address : _____

Emergency Contact Person

Name : _____

Tel. / Mobile No. : _____

Details of School previously attended by your child

Name of School : _____

Address & Tel. No. : _____

Signature of Parent / Guardian

Date



JAKARTA MONTESSORI SCHOOL

CHILD'S MEDICAL RECORD

Child's Full Name : _____
Sex : _____
Date of Birth : _____

Child's Medical Practitioner

Doctor's Name : _____
Address & Tel. No. : _____

Record of infectious Diseases : _____

Record of Allergies : _____

Are there any other medical facts of which the school should be aware ? Yes () No ()
(If you have ticked YES, please give details in the space below)

In case of EMERGENCY, do we have your permission to take your child to the nearest clinic ?

Yes () No ()

RECORD OF VACCINATIONS AND IMMUNISATIONS :

<input type="checkbox"/>	BCG
<input type="checkbox"/>	DIPHTHERIA
<input type="checkbox"/>	PERITINITUS (WHOOPING COUGH)
<input type="checkbox"/>	TETANUS
<input type="checkbox"/>	POLIO
<input type="checkbox"/>	MEASLES
<input type="checkbox"/>	MUMPS
<input type="checkbox"/>	REBELLA
<input type="checkbox"/>	HIB (MENINGITIS)
<input type="checkbox"/>	HEPATITIS A
<input type="checkbox"/>	HEPATITIS B
<input type="checkbox"/>	TYPHOID
<input type="checkbox"/>	VARILRIX (CHICKEN POX)

Signature of Medical Practitioner / Parent

Date



JAKARTA MONTESSORI SCHOOL

PERMISSION SLIP FOR PHOTOGRAPHING / VIDEOING CHILDREN AT JAKARTA MONTESSORI SCHOOL

There are many occasions where we are asked for photographs or videos of your children working in the Montessori School. The requests come from television stations, magazines, books and our own student teachers. The photo/videos will only be used for our school promotion material and Montessori related magazines and books. We would therefore like to ask your permission to include your child's photo, when working, in any of the above-mentioned requests. We always ask that all photographs / videos are acknowledged as from Jakarta Montessori School but no names of actual children are ever given.

- ☐ I give permission for my child _____
to be photographed / videoed during school hours any time
throughout his/her time at Jakarta Montessori School
- ☐ I do not give permission for my child _____
to be photographed / videoed during school hours any time
throughout his/her time at Jakarta Montessori School

Name of parents

Signature

Date