

MOUNTAINVIEW INTERNATIONAL CHRISTIAN SCHOOL

PO Box 142, Salatiga 50711, Jateng - Indonesia

Ph. +62-298-311673/4, Fax. +62-298-321609

registrar@mountainviewics.org , www.mountainviewics.org



Paste student photo here

APPLICATION FOR ADMISSION

For Office Use Only

Student ID: _____

Family ID: _____

Enrollment Date: _____

STUDENT INFORMATION

Name of Student: _____
family first middle

Date of Birth: _____ Age: _____ Male Female
date / month / year

STUDENT

FATHER

Nationality		
Passport Number		
Expiration Date		
Stay Permit Type	<input type="checkbox"/> KITAS <input type="checkbox"/> Dinas <input type="checkbox"/> Other	<input type="checkbox"/> KITAS <input type="checkbox"/> Dinas <input type="checkbox"/> Other
Stay Permit Number		
Expiration Date		

Applying for: K 1 2 3 4 5 6 7 8 9 10 11 12

Boarding Status: Non-boarding Boarding

Name of sibling(s) already enrolled: _____

FAMILY INFORMATION

Name of Father _____
family first middle

Name of Mother _____
family first middle

Home Address: _____

Home Phone: _____ Home Fax: _____

HP Father: _____ HP Mother: _____

E-mail Father: _____ E-mail Mother: _____

Religion: _____

EMPLOYMENT INFORMATION

FATHER

MOTHER

Company/Sending Agency		
Job Title		

Office Address _____

Office Phone/Ext/Fax: _____

E-mail: _____

EMERGENCY CONTACT / TEMPORARY GUARDIAN

We give authority to the following person(s) to make all decisions or to take charge of our child in an emergency or urgent situation when we cannot be contacted:

Name: _____

Home Address: _____

Home Phone: _____ HP: _____

E-Mail: _____

ACADEMIC INFORMATION

Name of Previous School: _____

Current or Most Recently Finished Grade: _____ Check if Completed

Address: _____

School Phone: _____ School Fax: _____

E-Mail: _____

Most proficient language: _____ Other language spoken: _____

Has your child ever been expelled or suspended from school? Yes No

If yes, please explain: _____

Does your child have learning disabilities/handicaps*? Yes No

If yes, please explain: _____

Has your child ever received Special Education services*? Yes No

If yes, please explain: _____

Has your child ever received counseling for emotional/mental problems*? Yes No

If yes, please explain: _____

Has your child ever used non-medical drugs or alcohol? Yes No

If yes, please explain: _____

***IMPORTANT:** Please attach all formal testing or medical reports or documents, as well as any explanation that does not fit in the space above.

HEALTH INFORMATION

Height	Weight	Posture	Hearing	Vision

Does your child have insurance coverage? Yes No

If Yes, please write the name of insurance company: _____

Coverage: Medical Dental Life

Does your child require medication on a regular basis? Yes No

If yes, what type & dosage: _____

[For prescription medications, please attach a doctor's prescription or letter.]

Are there hereditary health problems in other family members we should be aware of? Yes No

If yes, please explain: _____

Has your child experienced any of the following diseases? Please circle *Yes* or *No*. If *Yes*, please write the date of occurrence.

	Date (d/m/y)			Date (d/m/y)	
Measles	Yes	No	Scarlet Fever	Yes	No
Mumps	Yes	No	Typhoid Fever	Yes	No
Rubella	Yes	No	Rheumatic Fever	Yes	No
Hepatitis A	Yes	No	Polio	Yes	No
Hepatitis B	Yes	No	Whooping Cough	Yes	No
Chickenpox	Yes	No	Others		
Cholera	Yes	No			

Does your child suffer from any of the following conditions? Please check if *Yes* or *No*. If *Yes*, please explain:

- Asthma Yes No _____
- Diabetes Yes No _____
- Epilepsy Yes No _____
- Heart Abnormality Yes No _____
- Physical Handicaps Yes No _____
- Speech Defect Yes No _____
- Allergies Yes No _____
- Others Yes No _____

Note: If your child suffers from any condition that would affect normal participation in classes and school activities, including physical education, please attach a recent doctor's report with clear limitations explaining permissible and non-permissible activities.

Please list the dates for each immunization that your child has received for the diseases listed below. (date/month/year)

	Date 1	Date 2	Date 3		Date 1	Date 2	Date 3
Measles				Smallpox			
Mumps				Hepatitis A			
Rubella				Hepatitis B			
DPT/DT				Mantoux (TB)			
Oral Polio				X-ray (TB)			
Thypoid				Tetanus			
Cholera				Others			
BCG							

Please answer the following questions in case your child contracts a severe illness or has an accident, and we cannot contact you or your selected guardian:

- If immediate hospitalization is required, may we use a Salatiga hospital until your child can safely be transferred to the hospital of your choice? Yes No
- What is the hospital of your choice? _____ Phone: _____
- Who is the doctor of your choice? _____ Phone: _____
- In case of illness or injury that is treatable here, may the school nurse treat it? Yes No
- If needed, may we use a staff-approved local (Salatiga) doctor at the nurse's direction?
 Yes No
 If No, which doctor in Salatiga do you suggest? If the same doctor as in #3, please check here:
 If another, write the name here: _____ Phone: _____

NON-DISCRIMINATION POLICY

Mountainview does not discriminate on the basis of gender, race, color, or ethnic origin in admissions or administration of its policies and programs.

AUTHORIZATIONS

	Parent Initials
We hereby grant authority to the school nurse or school staff member involved to have this child medically treated as necessary in an emergency, and as close as possible to our instructions in any non-emergency situation. The school is released from liability in all medical treatment. All medical expenses will be borne by us and/or our insurance company.	_____
We authorize the school nurse and/or administration to obtain professional medical testing if it is deemed advisable for health reasons or for suspicion of substance abuse. This is left up to the discretion of the school nurse and/or administration. If urgent circumstances require this testing without advance parental notification, it will be at the school's expense. All other expenses will be borne by us and/or our insurance company.	_____
We hereby grant permission for this child to participate in all regular teacher/parent-supervised school activities and outings. We understand that this release form is in lieu of individual release forms being used throughout the school year. We release the school from liability when this child is participating in such activities.	_____
We understand that Mountainview is a Christian school and that participation in Christian studies and activities is required of all students. We hereby grant permission for our child to participate in such studies and activities.	_____

We certify that all of the information in this document is true and complete.

Parent Signature: _____

Date: _____

Parent Signature: _____

Date: _____

WARNING OF LEGAL OBLIGATIONS

Mountainview has a responsibility to maintain the legal status of this school in the eyes of the government of Indonesia. Thus, Mountainview retains the right to acquire any documents necessary to verify the applicant's residency, parental or citizenship status. The residency document KITAS is the main legal document needed by this school. Once the expiration date arrives and the new KITAS is being processed, a letter from the parents' sponsoring agency or company must be sent to the Registrar's office stating that the KITAS is in process. The copy of the new KITAS should be sent to the Registrar's office within 30 days after the Registrar receives the letter. Failure to comply with the government's regulation for our school could result in the student's dismissal from Mountainview International Christian School.

ADMISSIONS REQUIREMENTS

Please be aware that an application will not be processed for admission until this **completed** application and all supporting documents have been received by the Registrar's Office. The following documents must be submitted with this completed application:

- Photocopy of Passport (cover page, picture page, vital information page, expiration date) of both student and father. Please provide 2 copies of each for Boarding applicants.
- Photocopy of the Limited Stay Permit (KITAS) for both student and father. Please provide 2 copies of each for Boarding applicants. If the KITAS is in process, a letter from the sponsoring agency or company is required, and the copy of new KITAS must be sent within 30 days of enrollment.
- At least a year of previous educational records (transcript or last report card) from the school most recently attended. Transcripts for all completed secondary grades (not just report cards, and not just the most recent year) are required for all students applying for grades 7-12. Education records from non-English speaking schools must be officially translated into English.
- Five (5) current photographs of the student (3 cm x 4 cm)
- For Indonesian citizens, in reference to the Joint Decree of the Minister of Foreign Affairs, Education and Culture, and Finance (1975), a letter of dispensation from *Depdiknas* in Jakarta.
- For boarding applicants, a completed Dorm Application Form.

An application is complete when the Registrar receives all of the above-mentioned documents. All admissions requirements must be met prior to entrance into Mountainview.