

STUDENT APPLICATION FORM



Documents required for enrollment

Please send this application form and the following documents to the school.

- | | |
|--|---|
| <input type="checkbox"/> Fully Completed Application Form | <input type="checkbox"/> Photocopy of the child's immunization record form (from the doctor) |
| <input type="checkbox"/> Photocopy of Child's Passport | <input type="checkbox"/> Photocopy of Child's House Registration (for Indonesia citizen only) |
| <input type="checkbox"/> Photocopy of Child's Birth Certificate | <input type="checkbox"/> Photocopy of parents' ID card (for Indonesia citizens only) |
| <input type="checkbox"/> Photocopy of Parents' Passport (Visa, if any) | <input type="checkbox"/> One passport size photo of the child |

1. CHILD'S PERSONAL DETAILS

First Name:

Last Name:

Nickname:

Date of Birth (dd/mm/yyyy):

Gender:

☐

Boy

☐

Girl

Age:

Place of Birth:

Nationality:

Native Language:

Passport Held:

Passport No / National ID No:

Date of Issue:

Date of Expiry:

Home Address: (in Indonesia)

First Language:

Language(s) Spoken at Home:

2. CHILD'S ADDITIONAL DETAILS

Play Interests & Social Experiences:

1. Does your child play well alone?	Yes	No
Details:		
2. Does your child prefer to play with other children?	Yes	No
Details:		
3. Does your child seek attention from adults when playing?	Yes	No
Details:		
4. Does your child have special toys, games, or interests?	Yes	No
Details:		
5. Does your child ask for stories to read?	Yes	No
Details:		

Previous School: (If applicable)

School Name:

Level Completed:

City:

Country:

Siblings' Details: (If applicable)

2.1

2.2

2.3

First Name:

Nickname:

Date of Birth:

School Year:

Current School:

Gender:

☐

Boy

☐

Girl

☐

Boy

☐

Girl

☐

Boy

☐

Girl

Permission:

1. Do you allow your child to receive **stamps** as a reward?

☐

Yes

☐

No

2. Do you allow you child to receive **stickers** as a reward?

☐

Yes

☐

No

3. PARENTS / GUARDIAN DETAILS:

Parent 1

☐

Mother

☐

Father

☐

Other:

First Name:

Last Name:

Nationality:

Occupation / Position:

Employment's Name:

Mobile Number:

Office Number:

Email Address:

Parent 2

☐

Mother

☐

Father

☐

Other:

First Name:

Last Name:

Nationality:

Occupation / Position:

Employment's Name:

Mobile Number:

Office Number:

Email Address:

Emergency Contact:

☐

Mother

☐

Father

☐

Other: _____

Full Name: _____ Contact Number: _____

4. CHILD'S MEDICAL DETAILS:

Attending Doctor: (If any)

Medical Institution:

Mobile Number:

1. **Dietary Restrictions:**

☐

Non-Vegetarian

☐

Vegetarian

☐

Non-Pork

☐

Halal

Additional Details: (If any)

2. Does your child suffer from any known **allergies**?

Yes

☐

No

☐

If yes, please give details:

Medication:

Reaction:

Food:

Reaction:

Other:

Reaction:

Additional Details: (If any)

3. Is your child taking any **regular medications**?

Yes

☐

No

☐

If yes, please give details:

4. Does your child have any **special physical, behavioral, or learning needs**?

Yes

☐

No

☐

If yes, please give details:

5. Is there any additional information on your child's health that the school should know?

Yes

☐

No

☐

If yes, please give details:

PROBATIONARY ACADEMIC CONTRACT

1. Does your child have any special physical, behavioral, learning needs?	Yes	No
If yes, please give details:		
2. Has your child received any special educational service or individual educational needs?	Yes	No
If yes, please give details:		
3. Has Has your child been in a gifted or talented program?	Yes	No
If yes, please give details:		
4. Any other information that you would like to share with us.	Yes	No

I confirm that the information provided above is accurate to the best of my knowledge. I acknowledge that it is my responsibility to inform the school of any future updates or additional details as they arise

Parent/Guardian Signature:

Date Signed (DD/MMM/YYYY):

MEDICAL DECLARATION AND POLICY

h!academy as an international preschool (IPC) strictly follows a medical policy in relation to children who may have become ill at school or who come back to school sick.

1. Sick Children:

If a child becomes ill at school and shows symptoms of a developing sickness—such as fever, influenza, chicken pox, HFMD, or other common childhood diseases—or if the symptoms raise concerns about the potential spread to other children, the school’s duty of care obliges us to promptly hand the child over to the care of their parents.

The parents will be contacted and asked to collect the child from the school. The child will be waiting in the first aid room.

In the case of a contagious disease, the parents are required to keep the child at home until they receive clearance from a doctor to return to school.

2. Approval to take the following actions in relations to child health:

- Do you allow school staff to conduct growth measurements—measuring body height and weight every 2 months? ☐ Yes ☐ No
- Do you allow school staff to check your child’s hair when there is suspicion of head lice? ☐ Yes ☐ No
- Do you allow our registered nurse or staff to administer **first aid care**? ☐ Yes ☐ No
** Any medical treatment that requires the attention of a physician must be managed by the parent.*
- Do you allow our registered nurse or staff to give your child **Tylenol** or its equivalent for minor aches and fevers? ☐ Yes ☐ No
- Do you allow the school to bring your child to the hospital in emergencies that require immediate medical attention? ☐ Yes ☐ No
** The school will make every reasonable effort to contact the parent/guardian.*

3. Medical to be administered at school:

For all medications that a child needs to take at school, the medication must be in its original packaging in English or Indonesian, with the expiry date clearly visible. Prescription medications must have an accompanying prescription from a doctor.

Accident Insurance:

Our school accident insurance policy covers up to 1 million rupiah in medical expenses for each accident.

Parent/Guardian Signature:

Date Signed (DD/MMM/YYYY):

PERSONAL DATA CONSENT FORM

I hereby confirm that my child is not over the age of 10, and I give / decline to give my consent to **h!academy** on my child's behalf to collect, use, and disclose my child's personal data for the following purposes.

Processing Purposes:

I <input type="checkbox"/> consent	for h!academy to process my child's personal data, such as information about parents, cultural background, or religious requirements, and in order
<input type="checkbox"/> do not consent	<u>to complete the MOE database and arrange cultural and religious activities.</u>
I <input type="checkbox"/> consent	for h!academy to process my child's personal data, such as photos and videos, in order
<input type="checkbox"/> do not consent	<u>to communicate with the parents/guardians on the Illumine application.</u>
I <input type="checkbox"/> consent	for h!academy to process my child's personal data, such as photos and videos, in order
<input type="checkbox"/> do not consent	<u>to publicize Kids Kingdom's activities on the school's website and social media platforms.</u>

In case there is any effect where consent is not given, please specify:

I am aware of and was fully informed by **h!academy** follows:

- A. **If consent is given:** This consent is freely given. However, I am entitled to withdraw my consent given by way of this letter at any time by submitting a consent withdrawal form available at **h!academy** Office. Upon receiving such consent withdrawal form, **h!academy** will cease to process my child's personal data unless **h!academy** is legally entitled to further process my child's personal data. The withdrawal, however, will not affect any part of the processing activities of my child's personal data prior to such withdrawal, but it may result in consequences as specified above.
- B. **If consent is not given:** My refusal to give consent to **h!academy** to process my child's personal data in any circumstances will not affect the enrolment contract with **h!academy** unless such personal data is necessary or related to the contract entering, including the provisions of **h!academy's** service.

I hereby warrant that I have read thoroughly and acknowledge that I fully understand all the information stated herein.

Parent/Guardian Signature:

Date Signed (DD/MMM/YYYY):

FINANCIAL AGREEMENT

Methods of Payment:

Fees can be paid by QRIS and bank transfer. After the payment has been made, a copy of the payment receipt should be sent to the Finance & Accounting Department.

Force Majeure:

In the event of force majeure closing of the school or other adverse circumstances that the school could not reasonably be expected to predict or control, no fees will be refunded, and lost days will only be rescheduled if the Head of School deems it necessary to ensure that educational objectives are not compromised.

Refund Policy:

- 80% of the fee will be refunded if a student withdraws prior to the beginning of the school term.
- 50% of the fee will be refunded if a student withdraws between 1 to 21 days after the commencement of the school term.
- 25% of the fee will be refunded if the student withdraws between 22 and 39 days subsequent to the commencement of the school term.
- No refund or discount will be given if a student withdraws after 40 or more days subsequent to the commencement of the school term or takes absence or holidays during the term.

Overdue Policy:

Overdue payment will incur a 3% charge on outstanding fees.

Annual Fee Review:

Fees are set to increase approximately 5 – 9 % per academic year.

I hereby warrant that I have read thoroughly and acknowledge that I fully understand all the information stated herein.

Parent/Guardian Signature:

Date Signed (DD/MMM/YYYY):

STUDENT ENROLLMENT AGREEMENT

I hereby acknowledge, understand, and agree to the following:

- Completion of this form does not guarantee admission, and the school's decision regarding any application is final.
- Applications are reviewed in accordance with the school's admission criteria, which consider a number of factors and may change from time to time. The school reserves the right not to disclose admission criteria.
- If my child is offered a place at **h!academy**, my child and I agree to comply with the school's rules and regulations, and my child will participate in all normal education activities.
- All the school fees are subject to change/increase, and I agree to make all payments according to the fee policy.
- Parents/guardians are not allowed to enter any classroom at any time unless they are explicitly invited and accompanied by school administrators.
- If the school needs to be closed due to unforeseen circumstances, such as political unrest, outbreaks of contagious disease, air pollution, etc., the school will not be responsible for days lost, and no refund will be given. Any make up days will be at the discretion of the school administration.
- **h!academy** accepts students and teachers of any race, color, religion, nationality, social or economic background. Discrimination of any form by any student, parent/guardian, or school personnel will not be tolerated.
- Communication and parent involvement between school and home is vitally important for my child's learning, and I agree to attend all school-requested meetings concerning my child.

To the best of my knowledge, the information provided herein is true and accurate. The school reserves the right to withdraw a place in the event of inaccurate information disclosure.

Parent/Guardian Signature:

Date Signed (DD/MMM/YYYY):

Thank you for choosing h!academy
as the start of your child's learning journey!