



## STUDENT ENROLLMENT FORM

3x4  
Child's  
Photo

**PART I : CHILD'S INFORMATION**

01. ID/Passport No. : \_\_\_\_\_

02. Date of Application : \_\_\_\_\_

03. First Name : \_\_\_\_\_

Middle Name : \_\_\_\_\_

Family Name : \_\_\_\_\_

Nationality : \_\_\_\_\_

04. Religion : \_\_\_\_\_

05. Date of Birth : \_\_\_\_\_ Age : \_\_\_\_\_

06. Place of Birth : \_\_\_\_\_ Sex :  Girl  Boy

07. Birth Order :  1<sup>st</sup>  2<sup>nd</sup>  3<sup>rd</sup>  \_\_\_\_\_

08. No. of Siblings :  1  2  3  4

Please list the names and ages of other children in family:

Name: \_\_\_\_\_ Age: \_\_\_\_\_ School Attending: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_ School Attending: \_\_\_\_\_

09. Previous care arrangements for child: Parents/ Relatives / Nanny / Childcare

10. With whom does the child live? :  Both Parents  Mother  Father  Guardian

11. Person(s) you authorize to pick your child up, other than yourself, your spouse or driver:

Name	:	_____	Transportation Information
ID No.	:	_____	Transport type: <input type="checkbox"/> Car <input type="checkbox"/> Bus <input type="checkbox"/> Others
Relationship	:	_____	Vehicle No(s) : _____

12. Emergency contact ( in the event that you or your spouse cannot be reached )

Name : \_\_\_\_\_ ☎ : \_\_\_\_\_

13. Name & Contact no. of Child's/Family Doctor

Name : \_\_\_\_\_ ☎ : \_\_\_\_\_

Clinic : \_\_\_\_\_ ☎ : \_\_\_\_\_



## STUDENT ENROLLMENT FORM

14. Please state any allergies, health, medical concerns or physical limitation the school should be aware of:

---

15. Please state your child's habits, hobbies, character traits & interests the school should be aware of:

---

16. School Last Attended: \_\_\_\_\_

17. How did you first come to know about Leap SchoolHouse:

- Friends / Relatives   
  Facebook/Social Media   
  Website   
  Event/Exhibition  
 Walk –in   
  Billboard   
  Others:

**PART II : PARENT'S/GUARDIAN'S PARTICULARS**

Please write in CAPITAL letters

	FATHER	MOTHER
01. Name as in Passport		
02. ID/Passport No		
03. Date of Birth		
04. Religion		
05. Nationality		
06. Occupation		
07. Employer's Name		
08. Employer's Address		
09. Business Telephone		
10. Handphone		
11. Email Address		
12. Home Address		
13. Home Telephone/Fax		
14. Mailing Address (if different from above)		



**L.E.A.P**  
LEARNING EDGE ACADEMY PRESCHOOL

## STUDENT ENROLLMENT FORM

Dear Parents,

Please submit the following to the school:

Applicant:	Parents:	ID Photos Received:
<input type="checkbox"/> Birth Certificate	<input type="checkbox"/> KTP/PASSPORT Copy/KITAS	<input type="checkbox"/> Student (3x4) 2 pc <input type="checkbox"/> Others:
<input type="checkbox"/> Immunization Record	<input type="checkbox"/> Father's photo (3x4) 2 pc	<input type="checkbox"/> Nanny (3x4) 2 pc
<input type="checkbox"/> Passport Copy	<input type="checkbox"/> Mother's photo (3x4) 2 pc	<input type="checkbox"/> Driver (3x4) 2 pc

FOR OFFICE USE		
Commencement Date	: / / /	
Registration Receive (Date)	: / / /	By:
Copies Received	:	



## STUDENT ENROLLMENT FORM

### CERTIFICATION

L.E.A.P Parent's Handbook	
I have received a copy of the L.E.A.P Parents's Handbook and agreed to read the content and observe the rules and regulations therein.	Parent/Guardian Initials _____
Media Consent	
I understand my child may be photographed and videotaped at programme functions and field trips. I give permission to L.E.A.P to use such photograph/video clips of my child for publicity and online material, newsletters and exhibitions.	Parent/Guardian Initials _____

Accidents	
I understand that due care for my child's safety will be exercised by the teachers at all times in all indoor and outdoor activities. However, in the event an accident occurs and my child is hurt, I will not hold L.E.A.P or her staff responsible and will indemnify both against any claims that arise from any injury or mishap suffered by my child during the period of the child's attendance.	Parent/Guardian Initials _____
Consent for Medical Treatment	
In case of a serious accident or emergency, and I could not be contacted through telephone, I hereby authorised the staff of L.E.A.P to perform first aid or medical procedures that is deemed necessary for the benefit for my child.  I understand that the staff will endeavour to the best of her ability to perform the proper medical procedures for my child and the actions performed is done with consultation by Emergency medical Personnel or the Family Physician. I also give permission for my child to be medically treated at a clinic or hospital in the event of any emergency, should L.E.A.P staff deem it necessary. I understand I will be responsible for all expenses incurred, including medical, transport and administrative fees.	Parent/Guardian Initials _____
Withdrawal	
In the event I wish to withdraw my child from L.E.A.P, I am required to give at least 1 calendar month's advance written notice of withdrawal, failing which my deposit will be forfeited.  I should also submit this no later than the 1 <sup>st</sup> day of the month. Otherwise, the withdrawal can only take effect the following month.  If however, I wish to withdraw my child at the end of December, I am required to give the school 2 calendar months' advance written notice of withdrawal.  I am also aware that I can refer to the L.E.A.P Parent's Handbook if I require more information.	Parent/Guardian Initials _____

### PARENT'S ACKNOWLEDGEMENT OF FEE POLICIES, TERMS & CONDITIONS

By signing below, I confirmed that the above information provided is accurate. I have read, understood and hereby agree to abide by L.E.A.P Terms & Conditions provided herewith, the terms and conditions of which will apply upon confirmation of an allotted place for my child.

PARENT/GUARDIAN SIGNATURE:	Name:
ID NO:	DATE: