

# International Summer Programme 2018

Bandung Independent School



**GLOBAL EARTH HEROES**  
25<sup>th</sup> June – 06<sup>th</sup> July



# Bandung Independent School

Learning Today... Leading Tomorrow



## Registration Form

Student Information			
Child's Name:			
Gender: M / F	Date of Birth:	Age	T-shirt Size:
Nationality:	First Language:	Current School:	
Parent Information			
Parent's Name:			
Parent's Home Address:		Email:	
Home Phone:	Work Phone:	HP:	
Emergency Contact:		Emergency Contact Phone:	
Programme Selection			
<b>I would like to register for the following parts of the programme:</b>			
<input type="checkbox"/> Week 1 (25 <sup>th</sup> June – 29 <sup>th</sup> June 2018)	* 10 Days fee (payment in advance):		
<input type="checkbox"/> Week 2 (2 <sup>nd</sup> July – 6 <sup>th</sup> July 2018)	BIS students: Rp 1,700,000		
	Non-BIS students: Rp 1,800,000		
Parent's signature:		Date:	

### OFFICE USE ONLY

- Week 1 (25<sup>th</sup> June - 29<sup>th</sup> June 2018)       Week 2 (2<sup>nd</sup> July – 6<sup>th</sup> July 2018)
- Time: Monday – Friday 08:10 – 12:15

Total Amt. Paid: \_\_\_\_\_ Date Paid: \_\_\_\_\_ Received by: \_\_\_\_\_

- No refunds will be given should participants withdraw within 7 days of the programme start date.
- Registration priority is first come, first served

\* Please return this form to: Bandung Independence School, Ibu Anggi Phone: (022) 2014995 Fax: (022) 2012688  
Email: [finance@bisedu.or.id](mailto:finance@bisedu.or.id)



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## Summer Programme Regulations

1. The maximum number of students for each class is 16 for Early Childhood and 20 for Elementary.
2. When the number of students has reached the quota then any new students will be put onto a waiting list for an additional class.
3. No refunds will be given except in the case of:
  - a. Documented family emergency such as a death in the family.
  - b. In the case of refunds, no refund will be given for part of a week.
4. Summer Programme participants should be at least 3 years old and no older than 12 years old by 25 July 2018
5. The Summer Programme requires that all Early Childhood students be toilet trained.
6. Please ensure that participants bring a healthy snack every day. Candies, food containing lots of sugar or salt and sweetened drinks are strongly discouraged. Drinking water is supplied at school. Participants should bring their own water bottles to be refilled during the day. Please note that we do not allow chewing gum at Bandung Independent School. All participants will be expected to eat by themselves.
7. The safety of your child at BIS is our priority concern. Photography or videos of students, parents, or their work will only be shared in social media occasionally and without identifying information. Please notify us in writing if you would like to request exception.
8. Parents or nannies are only allowed to accompany their child in the classroom (EC only) for the first day of the programme.
9. Parents and nannies are required to wait in the designated waiting area. Only BIS staff members are allowed to be in or near the classrooms.
10. Parents or nannies wishing to join any field trip must travel in their personal vehicle.
11. Parents are required to submit up to date medical information about Summer Programme participants at the time of registration.
12. We regret that BIS does not have facilities or personnel to support students with special educational needs during the Summer Programme.
13. A nurse will be present during the Summer Programme; I agree that BIS will not be held responsible for injury or illness during the course of the programme.

\*I have read and agreed with the regulations above.

Parent's signature \_\_\_\_\_

Date \_\_\_\_\_



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## Summer Programme 2018

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Bandung, 25<sup>th</sup> June 2018

Dear Parents,

The BIS nurse is only authorized to provide First Aid to students for minor injuries / ailments. For more serious injuries, parents will be contacted to arrange an examination by a doctor.

Please indicate below if you wish to authorize the school nurse (or her nominated replacement in the case of her absence) to administer any of the treatments listed while providing First Aid.

Best regards,

Fika Tresnawati & Happy Trivina

**Summer Programme Coordinators**

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**To: Fenti – School Nurse**

From:

(Parent's Name): .....

Re (Student's Name) : ..... Age .....

I give permission to the school nurse to provide the following medical treatment if required: (please tick ✓)

- Panadol (Tablet or syrup for headache, fever or as a painkiller)
- Iodine (Betadine liquid or ointment)
- Counterpain (Analgesic balm for muscle ache)
- Band aid (Hansaplast for covering the minor injuries)
- Caladine (Calamine oil or powder, in case of itches)
- Eucalyptus oil – external use only (Cajuput oil, herbal oil to relieve cold and belly pain)

In the event of the school Nurse being absent, I hereby give permission for **the supervising teacher** to provide the above medical treatments.

I understand that the School cannot be held responsible for any allergic reactions and legal liability arising from these medical treatments.

Parent Signature .....

Date .....



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## Health Form Supplement



Throughout the year, many students have updated immunizations or developed minor health problems or allergies. You may also have changed your address or emergency contact details. Please complete the details below so that I can supplement your child's previous health form with this additional information. If you have any questions or concerns, please do not hesitate to contact me.

Student's name: ..... Age: .....

Date of Birth: ..... Nationality: .....

Parent's name: ..... Hand Phone: .....

Address: ..... Office Phone: .....

E-mail address: .....

Emergency contact: ..... Phone No: .....

Relation of Emergency contact to you: .....

Allergies: .....

If your child has allergies, how does she/he react to the allergen?  
(Please describe allergic symptoms):

.....  
.....  
.....

Is your child currently on any medication? If yes, what types?

.....  
.....  
.....

Does your child have any other health concerns? If so, please provide details:

.....  
.....  
.....  
.....  
.....

Parent Signature .....

Date .....

Thank you for the additional information.

**Fenti**  
**BIS School Nurse**