

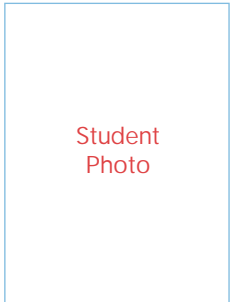


Preliminary Application for Admission

Embracing the Future
Embracing Asia

Student Details

Legal Name			Male	<input type="checkbox"/>
Surname	First Name	Middle Name	Female	<input type="checkbox"/>
Nick Name	Date of Birth (DD/MM/YY)	Religion	Nationality(ies)	
KTP/Passport No.	Country of Issue	Expiration Date	KITAS No.	
Home Address in Jakarta/Indonesia (when attending SWA)			Current Address (if different to home address)	



Requested Entry Date

July 2009 October 2009 January 2010 April 2010

Student Preferred Language

English Indonesian Other

Mother Tongue Language

English Indonesian Other

Previous School Information

School Name and Address

Language of Instruction

English Indonesian Other *please state*

Curriculum of Current/Previous School

National (Indonesian) IBPYP, MYP or DP Other *please state*

When did the school year end? (e.g. June, December, etc.)

Current Grade or Grade Just Completed (if end of school year)

Parents/Guardian Details

Father/Guardian Name		Mother/Guardian Name	
Nationality(ies)	Home Telephone	Nationality(ies)	Home Telephone
Mother Tongue Language	Language Spoken to Student at Home	Mother Tongue Language	Language Spoken to Student at Home
Employer	Position	Employer	Position
Business Telephone	Business Fax	Business Telephone	Business Fax
Mobile	Email	Mobile	Email

Sibling Details (Brothers or Sisters)

Name	Gender (male, female)	Date of Birth (DD/MM/YY)	Current or Previous School	Grade	Applying to SWA (Yes/No)

Student's Academic Profile (previous schools attended)

School	Location	Date Attended	Grade	Language of Instruction	Curriculum

Student's Language Experience and Interests

Is your child currently enrolled in an English language program at school or other language study center?

Yes No

If "Yes", please provide details

Is your child currently enrolled in a Chinese language program at school or other language study center?

Yes No

If "Yes", please provide details

Student Additional Information

To assist us in determining the most suitable class for your child, please complete the following question with either "Yes" or "No".

If you answer "Yes", please provide details and/or reports as indicated.

1. Has your child ever been accelerated (skipped a grade)? *If "Yes", please indicate grade(s)*

Yes No

2. Has your child ever been in a Gifted Program? *If "Yes", please indicate grade(s)*

Yes No

3. Has your child ever repeated a grade? *If "Yes", please indicate grade(s)*

Yes No

4. Does your child have any specific learning difficulties? *If "Yes", please provide details*

Yes No

5. Has your child ever been enrolled in a Learning Support Program? *If "Yes", please provide details*

Yes No

6. Has your child ever been assessed by an educational psychologist? *If "Yes", please provide details*

Yes No

7. Has your child ever received extra help during the school day or after school hours? *If "Yes", please provide details*

Yes No

8. Has your child ever been denied admission to or suspended/excluded from a school? *If "Yes", please provide details*

Yes No

Parent/Legal Guardian Signature

Date (day/month/year)

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