

## NEW STUDENT DATA

Please give details of both parents and two other persons who may be contacted in an emergency.  
Please tick priority of contact, 1 is the highest priority. Contact cannot share priority.

### Student's Details

Forename	_____	Class/Tutor Group	_____
Surname	_____		
Home Address	_____ _____ _____		
Telephone (Home)	_____	Mobile Number	_____
Passport No.	_____	Expiry Date	_____ dd/mm/yyyy
Permit Type	<input type="checkbox"/> KITAS <input type="checkbox"/> DINAS <input type="checkbox"/> Others:		
Permit No.	_____	Expiry Date	_____ dd/mm/yyyy

### Parents Details

Please tick <input type="checkbox"/>	<b>FATHER</b>   PRIORITY <input type="checkbox"/> 1 <input type="checkbox"/> 2	<b>MOTHER</b>   PRIORITY <input type="checkbox"/> 1 <input type="checkbox"/> 2
Forename	_____	_____
Surname	_____	_____
Telephone (Work)	_____	_____
Telephone (Home)	_____	_____
Mobile Number	_____	_____
E-mail	_____	_____
Home Address	_____ _____ _____	
District	_____	_____
City	_____	_____
Permit Type	_____	_____
Permit Expiry Date	_____	_____
Permit No.	_____	_____
Passport Expiry Date	_____	_____
Passport No.	_____	_____

### Emergency Contacts

Please tick <input type="checkbox"/>	PRIORITY <input type="checkbox"/> 3 <input type="checkbox"/> 4	PRIORITY <input type="checkbox"/> 3 <input type="checkbox"/> 4
Forename	_____	_____
Surname	_____	_____
Local Mobile Number	_____	_____
Telephone (Work)	_____	_____
Telephone (Home)	_____	_____
Authority to collect student from BSJ	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No