

# ENROLMENTBOOK

  
**Pro Education**  
LOOKING FORWARD *Plus*

## ENROLMENT FORM

Date : \_\_\_\_\_

Student's Name : \_\_\_\_\_

Student's Current School/  
Education Provider : \_\_\_\_\_

Student's Year Level : \_\_\_\_\_

Student's Date of Birth : \_\_\_\_\_

Parent's/Carer's Names : \_\_\_\_\_

Parent's mobile phone  
number : \_\_\_\_\_

and email address: : \_\_\_\_\_

*\* Please provide (a copy of) child's passport photo page at the student entrance interview prior to course starting.*

### **Learning Choices**

Please read the ProEd Plus Student Handbook and write student learning choices below. These initial choices can be altered at a later date, during the student entrance interview. Please leave a blank space if you are not sure what to write.

- Elective Short Course (1):
- International Youth Award Level (circle one): Bronze / Silver
- Independent Training Courses (2):
- Work / Volunteer Placement Industry (1):

## PARENT QUESTIONNAIRE

Please take a few minutes to answer the questions below and then return the completed form to ProEducation. This questionnaire will help the teacher get to know your child better and to prepare tailored programs. Thank you!

CHILD NAME : \_\_\_\_\_  
BIRTHDAY : \_\_\_\_\_  
PLACE OF BIRTH : \_\_\_\_\_ AGE : \_\_\_\_\_

1. Please list the names and ages of your child's brothers and sisters or other children in the home.

\_\_\_\_\_  
\_\_\_\_\_

2. What is the primary language spoken in your home? Are there any other languages spoken? Does your child know more than one language?

\_\_\_\_\_  
\_\_\_\_\_

3. With whom does your child live (i.e. mom, dad, mom and dad, grandmother, other)?

\_\_\_\_\_  
Does your child have consistent interaction with other adult/nanny/driver?  
\_\_\_\_\_

4. What time does your child typically go to bed?  
Does he/she have a bedtime routine? I.e: parent reading time.

\_\_\_\_\_  
\_\_\_\_\_

5. Please list any fears your child may have (dogs, being alone, etc).

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6. What comforts your child when he/she is upset?

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7. What are your child's interests and hobbies?  
Does your child have any pets?

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8. Is there anything else you would like to share about your child (daily routines, likes/dislikes)?

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9. Has the child completed any formal assessment?

No  Yes

If yes, please provide date and any available details of assessment.

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10. What are your expectations for the ProEducation Program? What specific things would you like to see happen?

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11. Please provide the school names and dates of where your child has previously been enrolled:

Date:	School:	Year level:

12. Please provide your child's current school information

Teacher's name	Email	Year level	School

13. Does your current school provide any differentiated learning support for your child? Please be as specific as possible.

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14. How have you heard about our services?

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15. Please share something special about your child.

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Thank you for taking the time to fill out this questionnaire.

Photo of  
Student

Student Name : \_\_\_\_\_

## STUDENT AND FAMILY INFORMATION

First Name : \_\_\_\_\_ Middle Name : \_\_\_\_\_ Family Name : \_\_\_\_\_

Sex  Male  Female

Date Of Birth : \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ (date/month/year)

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

Email Address : \_\_\_\_\_

Resides with  Both parents  Mother  Father

### Father/Guardian

Address : \_\_\_\_\_

Phone : (+ ) \_\_\_\_\_ Hand phone : \_\_\_\_\_

Language spoken : \_\_\_\_\_ Email Address : \_\_\_\_\_

Employer : \_\_\_\_\_

### Mother/Guardian

Address : \_\_\_\_\_

Phone : (+ ) \_\_\_\_\_ Hand phone : \_\_\_\_\_

Language spoken : \_\_\_\_\_ Email Address : \_\_\_\_\_

Employer : \_\_\_\_\_

### EMERGENCY CONTACT INFORMATION

Primary Contact : \_\_\_\_\_

Phone : \_\_\_\_\_ Hand phone : \_\_\_\_\_

Secondary Contact : \_\_\_\_\_

Phone : \_\_\_\_\_ Hand phone : \_\_\_\_\_

Local Doctor or Health Care Provider: \_\_\_\_\_

Phone : \_\_\_\_\_ Hand phone : \_\_\_\_\_

*Note: Please notify the office for any changes information above.*

Blood Group if known : \_\_\_\_\_

Allergies : \_\_\_\_\_  No  Yes

Reaction : \_\_\_\_\_

Drug Allergies : \_\_\_\_\_  No  Yes

Reaction : \_\_\_\_\_

Asthma : \_\_\_\_\_  No  Yes

Does the student carry an asthma inhaler?  No  Yes

Is the student on regular medication? : \_\_\_\_\_

Name of the medication and frequency : \_\_\_\_\_

Does the student take any medications during school hours?  No  Yes

Please list the name of medication and frequency:

Does the student wear glasses or contact lenses?  No  Yes

Hearing aid?  No  Yes

List any health condition that the school should be aware of : \_\_\_\_\_

Explain any limits on physical activity : \_\_\_\_\_

*Note: Please notify the office for any changes information above.*

**A student may not receive medication unless written permission is signed by a parent or guardian. In an emergency agreement with the teacher via verbal contact will be an alternative measure.**

**In the case of the student being ill parents and or guardians will be contacted immediately and asked to take the student home.**

Signature of Parent : \_\_\_\_\_ Date : \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

## PHOTO RELEASE FORM

We seek your cooperation in giving us the right to use your child's first name and photograph(s) in our promotion and publicity materials. A child's name and photograph might be expected to appear in:

- Print/Press Advertising
- The ProEducation website
- Printed materials e.g. brochures, flyers, calendars etc.
- Outdoor Advertising

If you agree to our using your child's first name and photograph(s), you will be granting the Center the ongoing right:

- (1) to use and reproduce the photographs, either in part or whole, with other visual materials in our advertising campaign, for the purposes of illustration, promotion, advertising, and
- (2) to reproduce, exhibit or screen the material at the Center's discretion.

The Center will take all care to protect the dignity and privacy of students portrayed in the photographs and, in signing this release, the parents and students acknowledge that the Center is not liable for any perceived misuse of photographs.

If you agree to the use of your child's first name and photographs in our publicity materials, please complete and return this form below to the School.

## CONSENT FORM

Name of Student : \_\_\_\_\_

Year Enrolled on Admission : \_\_\_\_\_

Yes, you may use my child's photo and first name for ProEducation advertising

Name of Parent : \_\_\_\_\_

Signature of Parent : \_\_\_\_\_

Date : \_\_\_\_\_



## STUDENT TRAVEL FORM

Students registered with Pro Education will take part in external, off - site learning and activities as part of their course. In the majority of cases Pro Education will provide the necessary transport and driver to take groups of students, accompanied by staff, to the various learning sites. Parents can allow students to use Pro Education sourced transport throughout the duration of the course by signing the relevant form (below).

When Pro Education transport is not available, or when students are engaged in individual learning activities, the use of private hire vehicles may be an option for student travel. Pro Education will contact parents for their written consent before letting students use private hire vehicles. The full Travel and Expenses policy and forms can be found in the ProEd Plus Policy Booklet in the ProEducation office. Please contact a member of staff to request a copy of the policy.

## TRAVEL AGREEMENT FORM

(For parents to complete and return to Pro Education prior to student travel)

Date : \_\_\_\_\_

Student's name : \_\_\_\_\_

Student's Date of Birth : \_\_\_\_\_

Student's home address : \_\_\_\_\_

Student's mobile phone number : \_\_\_\_\_

Parent's / Guardian's name(s) : \_\_\_\_\_

Parent's / Guardian's mobile phone number (s) : \_\_\_\_\_

I \_\_\_\_\_ (parent/guardian name) agree to the use of Pro Education transport to take my son / daughter \_\_\_\_\_ [name(s)] to Pro Education learning events and activities, for the duration of their course of study. I understand and agree to the conditions of the Pro Education Travel and Expenses policy.

Please Sign \_\_\_\_\_ Please Print name: \_\_\_\_\_

## PAYMENT FORM

The student's parents/carers must agree in writing to the payment conditions below, in order for their child to take part in the ProEducation Plus Course. Further information about Pricing and Payment can be found in the Pro Education Plus Course Handbook.

I \_\_\_\_\_ on behalf of my child and spouse agree to the yearly payment plan.

I \_\_\_\_\_ on behalf of my child and spouse agree to the term (4 yearly payments on set due dates) payment plan.

**I acknowledge and agree to the below payment conditions and will not disrupt the below payment criteria.**

Signature Parent 1 : \_\_\_\_\_

Name of Parent 1 : \_\_\_\_\_

Date : \_\_\_\_\_

Signature Parent 2 : \_\_\_\_\_

Name of Parent 2 : \_\_\_\_\_

Date : \_\_\_\_\_

### Payment Conditions:

1. Families who pay the full course fee for the year before the start of the course or who pay each term will not be entitled to a refund if their child quits during the course of the term.
2. A registration fee of 1,500,000rp needs to be paid to enroll the child. This fee will also need to be paid if there are currently no places available. It will act as a waiting list fee and guarantee the child's course placement on the next available course.
3. Students in serious breach of Pro Education policies will face removal from the course without refund.
4. Please note that families who pay the fees over four terms will receive an extra levy charge on top of the course fees. This levy charge is a total of 3,500,000rp per term.
5. We encourage families to make an upfront yearly payment so that we can continue to plan and develop our program to the highest possible standard. Families who make an upfront payment may be eligible for a discount.
6. When a payment is received late and not within the agreed timeline of payment plan, a surcharge will be added to the total outstanding amount each week. 500,000rp will be charged per week on top of the course fees.
7. A copy of transfer slip giving details of invoice number and student names should be sent to Pro Education Learning Center when the transaction is made.
8. All fees must be paid prior to the student commencing their course and net of bank charges.
9. All payments are to be made to ProEducation by cash or bank transfer, Master Card and or Visa Card.
10. All credit card payments that are not by bank Mandiri will be subject to a 3% surcharge fee on top of the fees.
11. Our Policy states that all invoices need to be paid in advance for students to receive educational support unless otherwise discussed with the director of ProEducation Indonesia.



**Pro Education**  
LOOKING FORWARD *Plus*

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