



PROSPECTIVE STUDENT INFORMATION FORM

Date Visit : _____

Email Address : _____

Name Of Child : _____

Gender : Male/Female

Place of Birth : _____

Date of Birth : _____

Current School and Grade : _____

Address : _____

Name of Father : _____

Father's mobile phone no. : _____

Name of Mother : _____

Mother's mobile phone no. : _____

Parent's email address :

How did you find out about our school? (Choose one)

- Magazine/Newspaper SMS/School Website
- Relatives/Friend Other Internet Sources (e.g. Facebook, Instagram)

In selecting school for your child, how important are the following attributes of the school?

Academic Focus

- Slightly important Quite Important Very Important

Distance from your home

- Slightly important Quite Important Very Important

English Skill and International Curriculum

- Slightly important Quite Important Very Important

School Facility

- Slightly important Quite Important Very Important

Fill and send to: admission.primary@acsjakarta.sch.id or admission.secondary@acsjakarta.sch.id