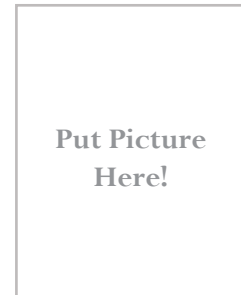


## Student Details



First Name	<input type="text"/>
Middle Name	<input type="text"/>
Family Name	<input type="text"/>
Sex	<input type="text" value="MALE"/> <input type="text" value="FEMALE"/>
Class Level	<input type="text"/>
Religion	<input type="text"/>
Nationality	<input type="text"/>
Race	<input type="text"/>
Date of Birth	<input type="text"/>
Native Language	<input type="text"/>
Other Spoken	<input type="text"/>
Passport No.	<input type="text"/>
Expiry Date	<input type="text"/>
Place of Issue	<input type="text"/>
KITAS	<input type="text"/>
Expiry Date	<input type="text"/>

Home Address	<input type="text"/>
Post code	<input type="text"/>
Phone	<input type="text"/>
Fax	<input type="text"/>
Email	<input type="text"/>
Handed	<input type="text" value="LEFT"/> <input type="text" value="RIGHT"/> <input type="text" value="BOTH"/>
Previous School	<input type="text"/>
Proficiency English	<input type="text"/>
Diet Restrictions	<input type="text"/>
Blood Group	<input type="text"/>

## Emergency Data

Physician's Name	<input type="text"/>
Physician's Address	<input type="text"/>
Medical Center	<input type="text"/>
Membership No.	<input type="text"/>
Emergency Contact	<input type="text"/>