



STUDENT ENROLLMENT FORM

ACADEMIC PREFERENCES

Registration Date		
MAJORS		
<input type="checkbox"/> Diploma III	<input type="checkbox"/> Culinary Arts Programs	<input type="checkbox"/> Baking Pastry Arts Gourmet Program

STUDENT'S INFORMATION

First Name		
Middle Name		
Last Name		
Citizen ID No.		
Indonesian Citizen	<input type="checkbox"/> Yes	Religion (optional)
	<input type="checkbox"/> No	
Language Spoken at Home		
Other Language		

Birth Information			
Date	Month	Year	City/ State

Home Phone No.			
Cellular Phone No.			
Address 01			
City		Zip Code	
Address 02			
City		Zip Code	
email			

*Certified Birth Certificate and Proof of Residency must be provided

FAMILY INFORMATION

Student live with	<input type="checkbox"/> Both Parents	<input type="checkbox"/> Mother Only	<input type="checkbox"/> Father Only
	<input type="checkbox"/> Parent and Step Parent	<input type="checkbox"/> Others :	



STUDENT ENROLLMENT FORM

MALE HEAD OF HOUSEHOLD

First Name			
Middle Name			
Last Name			
Birth Information			
Date	Month	Year	City/ State
Relationship to child	<input type="checkbox"/> Birth Parent	<input type="checkbox"/> Adoptive Parent	<input type="checkbox"/> Step Father
	<input type="checkbox"/> Court-Appointed Guardian	<input type="checkbox"/> Grandparent	<input type="checkbox"/> Other :
Work Phone No.			
Cellular Phone No.			
Address			
City		Zip Code	

Job				
<input type="checkbox"/> No Job	<input type="checkbox"/> Fisher	<input type="checkbox"/> Farmer	<input type="checkbox"/> Breeder	<input type="checkbox"/> PNS/TNI/POLRI
<input type="checkbox"/> Employee	<input type="checkbox"/> Small Traders	<input type="checkbox"/> Wholesalers	<input type="checkbox"/> Entrepreneur	<input type="checkbox"/> Labor
<input type="checkbox"/> Retired	<input type="checkbox"/> Passed Away	<input type="checkbox"/> Others :		

Education Level				
<input type="checkbox"/> Elementary	<input type="checkbox"/> Junior High	<input type="checkbox"/> Senior High	<input type="checkbox"/> Associate Degree (D1)	<input type="checkbox"/> Associate Degree (D2)
<input type="checkbox"/> Associate Degree (D3)	<input type="checkbox"/> Bachelor's Degree (S1)	<input type="checkbox"/> Master's Degree (S2)	<input type="checkbox"/> Doctoral Degree (S3)	<input type="checkbox"/> Profession
<input type="checkbox"/> Specialist 1	<input type="checkbox"/> Specialist 2	<input type="checkbox"/> Non Formal	<input type="checkbox"/> Informal	<input type="checkbox"/> Others :

Income per Month	
<input type="checkbox"/> Less than IDR 500.000	<input type="checkbox"/> IDR 500.000 – IDR 999.999
<input type="checkbox"/> IDR 1.000.000 – IDR 1.999.999	<input type="checkbox"/> IDR 2.000.000 – IDR 4.999.999
<input type="checkbox"/> IDR 5.000.000 – IDR 19.000.000	<input type="checkbox"/> IDR 20.000.000 – IDR 49.999.999
<input type="checkbox"/> IDR 50.000.000 – IDR 99.999.999	<input type="checkbox"/> More than IDR 100.000.000



STUDENT ENROLLMENT FORM

FEMALE HEAD OF HOUSEHOLD

First Name				
Middle Name				
Last Name				
Birth Information				
Date	Month	Year	City/State	
Relationship to child	<input type="checkbox"/> Birth Parent	<input type="checkbox"/> Adoptive Parent	<input type="checkbox"/> Step Mother	
	<input type="checkbox"/> Court-Appointed Guardian	<input type="checkbox"/> Grandparent	<input type="checkbox"/> Other :	
Work Phone No.				
Cellular Phone No.				
Address				
City				Zip Code

Job				
<input type="checkbox"/> No Job	<input type="checkbox"/> Fisher	<input type="checkbox"/> Farmer	<input type="checkbox"/> Breeder	<input type="checkbox"/> PNS/TNI/POLRI
<input type="checkbox"/> Employee	<input type="checkbox"/> Small Traders	<input type="checkbox"/> Wholesalers	<input type="checkbox"/> Entrepreneur	<input type="checkbox"/> Labor
<input type="checkbox"/> Retired	<input type="checkbox"/> Passed Away	<input type="checkbox"/> Others :		

Education Level				
<input type="checkbox"/> Elementary	<input type="checkbox"/> Junior High	<input type="checkbox"/> Senior High	<input type="checkbox"/> Associate Degree (D1)	<input type="checkbox"/> Associate Degree (D2)
<input type="checkbox"/> Associate Degree (D3)	<input type="checkbox"/> Bachelor's Degree (S1)	<input type="checkbox"/> Master's Degree (S2)	<input type="checkbox"/> Doctoral Degree (S3)	<input type="checkbox"/> Profession
<input type="checkbox"/> Specialist 1	<input type="checkbox"/> Specialist 2	<input type="checkbox"/> Non Formal	<input type="checkbox"/> Informal	<input type="checkbox"/> Others :

Income per Month	
<input type="checkbox"/> Less than IDR 500.000	<input type="checkbox"/> IDR 500.000 – IDR 999.999
<input type="checkbox"/> IDR 1.000.000 – IDR 1.999.999	<input type="checkbox"/> IDR 2.000.000 – IDR 4.999.999
<input type="checkbox"/> IDR 5.000.000 – IDR 19.000.000	<input type="checkbox"/> IDR 20.000.000 – IDR 49.999.999
<input type="checkbox"/> IDR 50.000.000 – IDR 99.999.999	<input type="checkbox"/> More than IDR 100.000.000



STUDENT ENROLLMENT FORM

GUARDIAN/ PARENT LIVING ELSEWHERE *(if applicable)*

First Name			
Middle Name			
Last Name			
Birth Information			
Date	Month	Year	City/State
Relationship to child			
Work Phone No.			
Cellular Phone No.			
Address			
City		Zip Code	

Job				
<input type="checkbox"/> No Job	<input type="checkbox"/> Fisher	<input type="checkbox"/> Farmer	<input type="checkbox"/> Breeder	<input type="checkbox"/> PNS/TNI/POLRI
<input type="checkbox"/> Employee	<input type="checkbox"/> Small Traders	<input type="checkbox"/> Wholesalers	<input type="checkbox"/> Entrepreneur	<input type="checkbox"/> Labor
<input type="checkbox"/> Retired	<input type="checkbox"/> Passed Away	<input type="checkbox"/> Others :		

Education Level				
<input type="checkbox"/> Elementary	<input type="checkbox"/> Junior High	<input type="checkbox"/> Senior High	<input type="checkbox"/> Associate Degree (D1)	<input type="checkbox"/> Associate Degree (D2)
<input type="checkbox"/> Associate Degree (D3)	<input type="checkbox"/> Bachelor's Degree (S1)	<input type="checkbox"/> Master's Degree (S2)	<input type="checkbox"/> Doctoral Degree (S3)	<input type="checkbox"/> Profession
<input type="checkbox"/> Specialist 1	<input type="checkbox"/> Specialist 2	<input type="checkbox"/> Non Formal	<input type="checkbox"/> Informal	<input type="checkbox"/> Others :

Income per Month*	
<input type="checkbox"/> Less than IDR 500.000	<input type="checkbox"/> IDR 500.000 – IDR 999.999
<input type="checkbox"/> IDR 1.000.000 – IDR 1.999.999	<input type="checkbox"/> IDR 2.000.000 – IDR 4.999.999
<input type="checkbox"/> IDR 5.000.000 – IDR 19.000.000	<input type="checkbox"/> IDR 20.000.000 – IDR 49.999.999
<input type="checkbox"/> IDR 50.000.000 – IDR 99.999.999	<input type="checkbox"/> More than IDR 100.000.000

**optional*



STUDENT ENROLLMENT FORM

SIBLING

Name	Age	Grade	Present School (if applicable)

STUDENT'S SCHOOL HISTORY

Previous Education	School Address	City / State
University		
Senior High School		
Junior High School		
Elementary School		

EMERGENCY CONTACTS*

Name	Relationship	Phone No.	Address

**Other than Parents*



STUDENT ENROLLMENT FORM

MEDICAL INFORMATION

Doctor's Name				
Phone				
Allergies				
Medications				
Health Problems	<input type="checkbox"/> Asthma	<input type="checkbox"/> Diabetes	<input type="checkbox"/> Hearing-Frequent Infection	<input type="checkbox"/> Hearing Aids
	<input type="checkbox"/> Tubes	<input type="checkbox"/> Seizures	<input type="checkbox"/> Visions – Contacts /Glasses	<input type="checkbox"/> Others
Describes				
Do you have any health condition that would limit your participation in a strenuous activities such as physical education?	<input type="checkbox"/> Yes <input type="checkbox"/> No Describes			
Are you preferred to be treated by your family doctor?	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Are you willing to be treated by other doctor?	<input type="checkbox"/> Yes <input type="checkbox"/> No			

The undersigned hereby acknowledges that the information provided on this form is true and accurate. The undersigned understand that it is his/her responsibility to inform the appropriate school office if and when any of the information set in this form changes

 Parent or Guardian Signature

 Date



STUDENT ENROLLMENT FORM

By signing this form, registration and/or tuition bills will be sent directly to the paying parents (or legal guardian). Both the parents or guardian and the student must sign below for this agreement to be in effect. The student are still responsible for the payment by due date printed, and failure to pay on time will cause the Registrar to restrict your registration and charge a fee for reinstatement.

By signing this release, you are authorizing OTTIMMO International Master Gourmet Academy to send a copy of your grades to parent or guardian designated on this form at the end of each quarter. The grade report will be sent to the parent or guardian at no charge as soon as the grades are recorded

Student Name	
Student Signature	

I, the undersigned parent or guardian, understand that my son or daughter's Academic bill will be sent to me directly, and that the compensation must be provided on due time, for her/him to avoid being restricted.

Parent or Guardian Signature

Date



STUDENT ENROLLMENT FORM

How do you know OTTIMMO?				
<input type="checkbox"/> Instagram	<input type="checkbox"/> Facebook	<input type="checkbox"/> Google/Website	<input type="checkbox"/> Edu Fair/ Expo	<input type="checkbox"/> Newspaper
<input type="checkbox"/> Word of mouth	<input type="checkbox"/> Referral by:		<input type="checkbox"/> Others:	

Why do you choose OTTIMMO?

What you wish to achieve after graduating from OTTIMMO?

Are you more passionate in Culinary Arts or Baking & Pastry?