



**Permission for Child/ren to Attend Campus Based Learning
Disclaimer of School Responsibility Statement**

Reference: 307-2021

This form is for you to sign as the parents or legal guardian of your child/ren if:

1. You consent to your child/ren attending Dyatmika for Campus Based Learning, and
2. If, with the understanding that Dyatmika has implemented robust measures to prevent the transmission of COVID-19, you agree to release Dyatmika from any responsibility and claim if your child is infected with COVID-19.

Please read the form carefully before signing.

Father's / Guardian's name _____

ID number (Indonesian ID / Passport number) _____

Occupation _____

Address _____

Mother's / Guardian's name _____

ID number (Indonesian ID / Passport number) _____

Occupation _____

Address _____

Parents/ legal guardians of the following students at Sekolah Dyatmika:

Full names of child/ren	Class

Sekolah Dyatmika
Jalan Pucuk Bang Kesiman
Denpasar 80237
Bali, Indonesia

Mailing
P.O. Box 3509
Denpasar 80035
Bali, Indonesia

Tel +62 362 461 874
info@dyatmika.org
www.dyatmika.org



As parents/ legal guardian of the children listed on this form we, the undersigned, hereby declare the following:

1. We permit our child to attend face-to-face learning held at Dyatmika's campus (i.e. Campus Based Learning).
2. We have received Dyatmika's COVID-19 protocols for Campus Based Learning and agree that members of our family and people in our employ will follow these strict health protocols while on Dyatmika's campus and in its vicinity, including carparks and roads surrounding the school.
3. We fully acknowledge that the school has implemented robust measures to prevent the transmission of COVID-19 but understand that as a global pandemic present in the wider Indonesian community, there will still be a risk of transmission. Based on this understanding, we release Dyatmika from any responsibility or claim if our child/ren is/are infected with COVID-19.
4. We have read, understand and agree with the terms contained in this document. We sign this document voluntarily and without coercion.

Denpasar, (date) _____

Father's / legal guardian's full name

Mother's / legal guardian's full name

Father's / legal guardian's signature
(overlap the stamp)

Mother's / legal guardian's signature
(overlap the stamp)
