 **PEMERINTAH PROVINSI KEPULAUAN BANGKA BELITUNG**

**DINAS PENDIDIKAN**

UNIT PELAKSANA TEKNIS DINAS SATUAN PENDIDIKAN

SLB NEGERI SUNGAILIAT

Jl. Pemuda Sungailiat Kabupaten Bangka ☎ (0717) 94328, Kode Pos 33211

Nomor :

Tanggal :

Waktu :

FORMULIR PENDAFTARAN

PENERIMAAN PESERTA DIDIK BARU (PPDB) SLB

TAHUN AJARAN 2023/2024

PAS Photo

3X4

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| **A.** | **KETERANGAN PRIBADI SISWA** | |  |  |
|  | 1. | Nama lengkap calon siswa / i | : | .............................................................................................................. |
|  | 2. | Nama Panggilan | : | .............................................................................................................. |
|  | 3. | Tempat tanggal lahir | : | .............................................................................................................. |
|  | 4. | Jenis kelamin | : | .............................................................................................................. |
|  | 5. | Agama | : | .............................................................................................................. |
|  | 6. | Kewarganegaraan | : | .............................................................................................................. |
|  | 7. | Anak yang ke | : | .............................................................................................................. |
|  | 8. | Jumlah saudara kandung | : | .............................................................................................................. |
|  | 9. | Jumlah saudara | : | .............................................................................................................. |
|  | 10. | Tinggi badan | : | .............................................................................................................. |
|  | 11. | Berat badan | : | .............................................................................................................. |
|  | 12. | Golongan darah | : | .............................................................................................................. |
|  | 13. | Surat keterangan dari | : |  |
|  |  | a. Psikolog | : | Ada / Tidak ada \* |
|  |  | b. Psikiater | : | Ada / Tidak ada \* |
|  |  | c. Dokter THT | : | Ada / Tidak ada \* |
|  |  | d. Dokter Anak | : | Ada / Tidak ada \* |
|  |  | e. Dokter Mata | : | Ada / Tidak ada \* |
|  |  | f. Dokter Umum | : | Ada / Tidak ada \* |
|  |  | g. Lain-lain | : | Ada / Tidak ada \* |
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| **B.** | **KETERANGAN ORANG TUA** | |  |  |
|  | 1. | Nama Ayah | : | .............................................................................................................. |
|  | 2. | Tempat Tanggal Lahir | : | .............................................................................................................. |
|  | 3. | Pendidikan Akhir | : | .............................................................................................................. |
|  | 4. | Pekerjaan Ayah | : | .............................................................................................................. |
|  | 5. | Penghasilan Perbulan | : | .............................................................................................................. |
|  | 6. | Nama Ibu | : | .............................................................................................................. |
|  | 7. | Tempat Tanggal Lahir | : | .............................................................................................................. |
|  | 8. | Pendidikan Akhir | : | .............................................................................................................. |
|  | 9. | Pekerjaan Ibu | : | .............................................................................................................. |
|  | 10. | Penghasilan perbulan | : | .............................................................................................................. |
|  | 11. | Nomor telepon kantor Ayah | : | .............................................................................................................. |
|  | 12. | Nomor telepon kantor Ibu | : | .............................................................................................................. |
|  | 13. | Alamat Lengkap Ayah/Ibu | : | .............................................................................................................. |
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| **C.** | **KETERANGAN WALI CALON SISWA (APABILA ADA)** | | | |
|  | 1. | Nama Wali | : | .............................................................................................................. |
|  | 2. | Tempat Tanggal Lahir | : | .............................................................................................................. |
|  | 3. | Pendidikan Akhir | : | .............................................................................................................. |
|  | 4. | Pekerjaan Wali | : | .............................................................................................................. |
|  | 5. | Penghasilan Perbulan | : | .............................................................................................................. |
|  | 6. | Nomor telepon kantor Wali | : | .............................................................................................................. |
|  | 7. | Nomor telepon kantor Ibu | : | .............................................................................................................. |
|  | 8. | Alamat Lengkap Wali | : | .............................................................................................................. |
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| **D.** | **ASAL MULA CALON SISWA** | | | |
|  | 1. | Masuk Sekolah ini sebagai | : | Siswa / i baru /Pindahan\* |
|  | 2. | Asal Anak | : | Rumah tangga/Panti Asuhan\* |
|  | 3. | Jika Pindahan, dari |  |  |
|  |  | a. Nama Sekolah asal | : | .............................................................................................................. |
|  |  | b. Kelas | : | .............................................................................................................. |
|  |  | c. Tanggal Pindah | : | .............................................................................................................. |
|  |  | d. Alasan Pindah | : | .............................................................................................................. |
|  | 4. | Diterima/ ditolak | : | .............................................................................................................. |
|  | 5. | Diterima di Sekolah ini |  |  |
|  |  | a. Tanggal | : | .............................................................................................................. |
|  |  | b. Di kelas | : | .............................................................................................................. |
|  | 6. | Jika ditolak | : | .............................................................................................................. |

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| **E.** | **PERSYARATAN** | | | |
|  | 1. | Fotocopy Akte Kelahiran satu ( 1 ) Lembar. | | |
|  | 2.  3.  4. | Pas Foto ukuran 3 X 4 sebanyak 4 Lembar.  Pas Foto ukuran 2 X 3 sebanyak 4 Lembar  Surat Keterangan Dokter. | | |
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|  | 4. | Stopmap masing-masing satu lembar | : | Warna **biru** untuk Tunarungu |
|  |  |  | : | Warna **merah** untuk Tunagrahita |
|  |  |  | : | Warna **kuning** untuk Tunanetra |
|  |  |  | : | Warna **hijau** untuk Tunadaksa |
|  | 5. | Menyiapkan pakaian seragam sekolah | | |

Demikian data sebenarnya dan dapat dipertanggung jawabkan dan kami siap menerima sanksi sesuai ketentuan peraturan yang berlaku.

................................................ 2023

Mengetahui,

Orang Tua

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Calon Siswa,

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Ket.

• \* Coret yang tidak perlu

• \*\* Tanda tangan dan nama jelas