

Registration for School

Dear parents

You are moving to a new local community with a child required to attend school. Please register your son or daughter with this form. The school board's decision on what class your child shall attend will be sent to you by post. Do not hesitate to contact us with any questions you might have.

Please fill in the required information about your son or daughter in block letters

☐ male ☐ female

Family name: _____ First name(s): _____

Date of birth: _____ Nationality: _____

Present address: _____

Movin on (date): _____

New address: _____

Address valid from: _____

Mother's family/first name: _____

Mother's phone number: _____ Mother's e-mail: _____

Father's family/first name: _____

Fahter's phone number: _____ Father's e-mail: _____

Legal guardian (if not the above):: _____

• Our child speaks: ☐ German well ☐ only a little German ☐ no German

• Native language: _____

• Does your child need after school day care? ☐ yes ☐ no

School attended now or recently

Class attended: ☐ kindergarten ☐ regular class ☐ small-group class ☐ special-needs class

School: _____ Address: _____

Class: _____ Teacher: _____

Teacher's phone: _____ Principal's phone: _____

Last day attending this class: _____

Additional Remarks

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Parent's signature /

Place & Date: _____ legal guardian: _____