



**GERMAN LANGUAGE SCHOOL**  
AT GERMAN INTERNATIONAL SCHOOL NEW YORK

50 Partridge Road  
White Plains, NY 10605  
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+ 1 914 948 6529 Fax  
languageschool@gisny.org  
www.gisny.org/languageschool

**ADULT REGISTRATION/ENROLLMENT AGREEMENT FOR 2018-2019 SCHOOL YEAR**

**Adult German Language Course: WEDNESDAY AFTERNOON/EVENING - Exact time to be determined in the fall, please mark your preference:  4:30 pm to 6:30 pm OR  6:30 pm to 8:30 pm**

PLEASE PRINT OR TYPE the following information:

**STUDENT'S NAME:** \_\_\_\_\_  
FIRST Middle LAST **1 MALE 1 FEMALE**

**ADDRESS:** \_\_\_\_\_  
STREET  
\_\_\_\_\_  
CITY STATE ZIP

**HOME PHONE #:** \_\_\_\_\_ **EMAIL:** \_\_\_\_\_

**DATE OF BIRTH:** \_\_\_\_\_ **CITIZENSHIP:** \_\_\_\_\_  
MONTH/DAY/YEAR

**PLACE OF BIRTH (City / Country):** \_\_\_\_\_

**STUDENT'S CELL PHONE #:** \_\_\_\_\_

CAN STUDENT SPEAK, READ AND WRITE IN GERMAN? \_\_\_\_\_

DID STUDENT PREVIOUSLY RECEIVE GERMAN LANGUAGE INSTRUCTION? \_\_\_\_\_

Checks are to be made out to: **GERMAN INTERNATIONAL SCHOOL NEW YORK – Memo: Language School**  
TUITION COST PER Year : \$1,200.00. Tuition is due by August 30, 2018.  
A full refund will be issued to participants only if a class is cancelled by the Language School.  
There will also be a small material fee collected by the teacher.

**I have read and am in agreement with the German Language School's Rules and Regulations for 2018/2019.**

**SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_  
Student's Signature MM/DD/YYYY

Please fill out the **EMERGENCY INFORMATION** on page 2



## **EMERGENCY INFORMATION**

**School Year 2018-2019**

NAME OF STUDENT: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_ Social Security Number: \_\_\_\_\_  
MONTH/DAY/YEAR (OPTIONAL)

NAME OF EMERGENCY CONTACT PERSON: \_\_\_\_\_

ADDRESS:

\_\_\_\_\_  
(STREET) (CITY) (STATE) (ZIP)

EMERGENCY CONTACT HOME PHONE #: \_\_\_\_\_ CELL PHONE #: \_\_\_\_\_

EMAIL: \_\_\_\_\_

NAME OF INSURANCE COMPANY: \_\_\_\_\_

POLICY NUMBER: \_\_\_\_\_

1. The school has my permission to call my family physician or another physician in an emergency when my contact person cannot be reached.

2. NAME OF FAMILY PHYSICIAN: \_\_\_\_\_

TELEPHONE NUMBER: \_\_\_\_\_

3. The school has my permission in an emergency when my contact person (or my physician) cannot be reached, to take me to the emergency room of the nearest hospital, and the hospital medical staff has my authorization to provide treatment which a physician deems necessary for my well-being. The original of this form shall be taken to the hospital with the patient.

SIGNATURE OF Student \_\_\_\_\_

DATE: \_\_\_\_\_ (NOTARIZATION) \_\_\_\_\_

I agree to abide by all policies and procedures as stated by the German Language School at German International School New York including payment of all charges and collection fees.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_



## **Schulkalender / School Calendar 2018-2019**

<b>Wednesday Sessions – ADULT LANGUAGE CLASSES</b>
<b>September</b> 12 (First Day of School), 19, 26
<b>October</b> 03, 17, 24, 31 <small>October 10, 2018 (No Classes – FALL BREAK)</small>
<b>November</b> 07, 14, 28 <small>November 21, 2018 (No Classes – Thanksgiving Break)</small>
<b>December</b> 05, 12, 19 <small>December 26 2017 ( No Classes – Christmas Vacation)</small>
<b>January</b> 09, 16, 23, 30 <small>January 2, 2019 ( No Classes – Christmas Vacation)</small>
<b>February</b> 06, 13, 27 <small>February 20, 2019 (No Classes - Winter Break)</small>
<b>March</b> 06, 13, 20, 27
<b>April</b> 03, 10 <small>April 17 + April 24, 2018 (No Classes – Spring Break)</small>
<b>May</b> 01, 08, 15, 22, 29
<b>June</b> 05 (Last Day of Classes) <b><u>(June 12* + June 19, 2018* Possible MAKE-UP Date/s)</u></b>
<b>An academic year consists of 32 sessions.</b> Possible snow days will be added on at the end of the school year.

**Note: School Closings will be posted ONLINE and/or students will be informed via E-Mail – [www.gisny.org/languageschool](http://www.gisny.org/languageschool)**