

APPLICATION FORM



Please attach current passport size photograph of your child.

For internal use only

Date of receipt of registration form:

Note from school management:

Child admitted into class:

Application for entry as of the following date or school year:

Grade level applied for:

School applied for: Grundschule Gymnasium Realschule Hauptschule

1. Personal details of child

Surname		First name(s)		Gender <input type="checkbox"/> M <input type="checkbox"/> F
Date of birth	Place of birth	Nationality (please state all nationalities)		Religious denomination
Native language	German as foreign language <input type="checkbox"/> yes <input type="checkbox"/> no	Bilingual in		Other languages

2. Personal details of parents (legal guardians)

	Surname	First name	Date of birth	Marital status	Nationality	Native language
Father						
Mother						
Current address						
Home telephone number						
Mobile Father	Email Father					
Mobile Mother	Email Mother					
<i>If different from father / mother</i>						
1. Legal guardian						
2. Legal guardian						

Occupation Father		Employer (please include address and telephone number)	
Occupation Mother		Employer (please include address and telephone number)	

3. Details of previous and current schools:

- a) current School (*Name, Place*) _____ since _____
- Class Primary School Gymnasium Realschule Hauptschule
 other (*please state*) _____

b) Entry into Primary School in _____ on _____

c) Further schools attended (*please list in chronological order*)

Primary School (grade 1 – 4)	In town/country
Secondary School I (grade 5 – 10)	In town/country Type of school
Secondary School II	In town/country

d) In case of grade retention, grade repeated: _____ in school year _____

4. Attachments:

- Please attach the following documents:
1. Cheque or proof of payment for registration and administration fee (£ 500)
 2. 1 passport size photograph (to be attached on page 1)
 3. Birth certificate (copy)
 4. Kindergarten / Pre-school report (copy)
 5. Further documents (expert opinion, medical certificate, etc.)

6. Please let us know how you heard about us:

- Internet
- Employer
- Friends or relatives
- Colleagues
- Other German schools abroad
- Relocation Companies
- Independent School Register
- Local Borough
- Other, please specify _____

6. Siblings at DSL

Surname	First Name	Enrolled since	Current class
Surname	First Name	Enrolled since	Current class

7. Details of learning requirements

First foreign language: Textbook:	Since grade Volume
Second foreign language: Textbook:	Since grade Volume
Third foreign language: Textbook:	Since grade Volume
Does your child have any special educational needs/disability and/or medical condition?: <input type="checkbox"/> ja <input type="checkbox"/> nein	
If yes, and they have received a formal assessment and or diagnosis please list below and attach copies of any reports or medical letters.	
Date:	Name of professional and type of report: Diagnosis (if applicable)

8. Declaration:

By signing this registration form we understand, accept and agree the following:

- We confirm that all details stated above are complete and accurate.
- We agree that our personal data can be stored and used for the purpose of Processing this admission application.
- We will notify DSL Administration promptly of changes to our personal details (address, telephone number, email).

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Date

.....
Signature of parent or legal guardian (Father)

.....
Date

.....
Signature of parent or legal guardian (Mother)