

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:

Registration for admission to: Kindergarten Pre-school

Please note that the child has to be 1 year of age or older at the time of submission of registration form.

1. Personal details of child

Surname		First name(s)		Gender M 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. Siblings at DSL

Surname	First name	Enrolled since	Current class
Surname	First name	Enrolled since	Current class

4. Previous attendance at kindergarten and/or pre-school

Currently attending the following kindergarten/pre-school	Name, place	Attending since
Entry into kindergarten	Name, place	Entry date
Entry into pre-school	Name, place	Entry date

5. 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

7. Details of Learning Requirements

Does your child have any educational needs/disability and/or medical condition? Yes No		
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

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Signature of parent or legal guardian (Father)

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Date

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Signature of parent or legal guardian (Mother)