



Registration for School Beginners

Information on the child

Last Name:..... Gender: f m other

Given Name (all, underline common name):

Date of birth:.....Place of birth: Country of birth:

First nationality:.....Second nationality:.....Family language:.....

Address:.....Phone number.....

Health insurance company:.....co-insured to which parent:.....

Former Kindergarden:.....

Currently my child has: a Status of integration (Integrationskind/Status):.....

has special educational needs:.....

The special educational focus points include:

- Language
- mental development
- emotional and social development
- physical and motor development
- Sight
- Hearing and communication
- learning (from year 3, reviewable from year 1)
- autism

Information on the parents

Mother

Last Name:..... Given Name:

Mobile number: E-Mail:

In case of emergency*:

* the parent or legal guardian can be reached at this number while the child is at school!

Address (if different):.....

Father

Last Name:..... Given Name:

Mobile number: E-Mail:

In case of emergency*:

Address (if different):.....

Legal guardianship: both parents mother father other:.....

• in case of single parent: proof of sole custody yes no

Emergency contacts in case both parents cannot be reached:

.....
.....

Do you intend to transfer to a private or recognized alternative school?

Yes, the following.....

No

Is a deferral being considered? (due 28th of February) Yes No

Is a premature school enrollement being considered? Yes No

Additional information

Does your child have any particularities (e.g. wears glasses, has allergies, special medication etc.)?:

.....
.....
.....

Siblings:

Last name given name date of birth school grade/class

.....
.....
.....
.....

Should special ties to a child be taken into account when assigning a class?*

Yes, the following:

(last name, given name)

*We endeavor to take your wishes into account, but this cannot always be guaranteed if there is excess demand

.....
date and signature of legal guardian #1

.....
date and signature of legal guardian #2

To be filled out by school officials!

Immunität gegen Masern wurde nachgewiesen mit

- Impfausweis
- Ärztliches Gutachten
- Bestätigung staatl. Stelle

.....
Datum und Unterschrift des schulischen Beauftragten