



# Student request form

Stand September 2015

**School start from:** \_\_\_\_\_ **Grade:** \_\_\_\_\_

Child	
Name	First name
Birthdate	Place of Birth
Nationality	Religion
Languages (Starting with the mother language)	
Name and Address last attended school/ Kindergarten:	
German School System/Kindergarten <input type="checkbox"/> Other School System <input type="checkbox"/> Kind: <input type="checkbox"/>	
The child attends now which Grade?	Type of School: Primary/'Hauptschule'/'Realschule'/'Gymnasium' / IB

Parents / Guardians		
Mutter		
Name	First name	Nationality
Mobile	Email	
Vater		
Name	First name	Nationality
Mobile	Email	
Privat address		Privat Tel.

Remarks		
Particularities child*: no: <input type="checkbox"/> yes: <input type="checkbox"/> , specify : _____ *(Health impairments, Particularities development status)		
Parent's custody: both: <input type="checkbox"/> just mother: <input type="checkbox"/> just father: <input type="checkbox"/>		
Residence Visa for the UAE is applied /will be applied at: _____		
Planned residence / UAE: _____ Bus*: yes <input type="checkbox"/> no <input type="checkbox"/> * (No Entitlement for bus transport)		
Copy of last Certificate or ‚Einschulungsempfehlung‘ will be send: yes <input type="checkbox"/>		
Miscellaneous: _____		
<table border="1" style="width: 100%;"> <tr> <td style="width: 50%; text-align: center;"><b>Place, Date</b></td> <td style="width: 50%; text-align: center;"><b>Signature Parents</b></td> </tr> </table>	<b>Place, Date</b>	<b>Signature Parents</b>
<b>Place, Date</b>	<b>Signature Parents</b>	

Schulplätze vorhanden O Nein O Ja \_\_\_/\_\_\_-

Datum/ Signatur

Stufen Leiter: O Ja O Nein Begr. \_\_\_\_\_

Schulleiter/ stellv.: O Ja O Nein Begr. \_\_\_\_\_