

Anmeldung zur Grundschule

Sprache: Englisch

Please only fill out the German form. This form serves only as a translation aid.

Primary School Registration



School Stamp

1.

To be completed by school staff:

Stamm-Nr.: _____

School year: _____ **Grade :** _____

Date: _____

2.	Student:		
	Family Name / First Name:		female () male ()
3.	Date of birth:	Place of birth	Annual bus season ticket desired yes () no ()
4.	Street, Postcode/City//District:		Closest Bus-Stop:
5.	Denomination: _____		
6.	Children can attend religious education even if they do not belong to the catholic or protestant denomination: My child may attend the catholic () protestant () religious education class. My child's denomination may be listed on his/her report card yes () no ()		
7.	Parents / Legal Guardian (Please list all legal guardians, foster parents etc. where applicable):		
		Father	Mother
8.	Family Name / First Name		
9.	Profession (optional information)		
10.	Address: (if address differs from child's address)		
11.	Phone number / Fax: E-Mail: Mobile / Cell:		
12.	Phone number (workplace):		
13.	Emergency contact: (e. g. grand-parents, neighbors)		
14.	Country of birth:		
15.	Year of parent's immigration:		

16.	Child's 1st nationality:
17.	Child's 2nd nationality:
18.	Language spoken at home:
19.	Child's health insurance company:
20.	<p>After-school care (open all-day school, after-school mentoring, child minder): No () Yes (), where (Institution, name, address): _____ _____</p>
21.	<p>Did your child participate in examination of oral language development (Delfin 4)? Yes () No (), why not? _____ Was need for promotion of oral language development detected? Yes () No () Did promotion of oral language development take place? Yes () where? _____ No () why not _____ Is further promotion of oral language development required? Yes () No ()</p>
22.	<p>School attendance history: Start of compulsory education: _____ Number of school attendance years: _____ Current Grade: _____ Name of previous school: _____ _____ Did child attend Kindergarten: No () Yes (), where: _____ Duration of Kindergarten attendance: from (year) _____ to (year) _____ Was child deferred from school attendance : No () Yes (), from _____ to _____</p>
23.	<p>Medical conditions / Disabilities: (Information only required for teaching purposes; teachers appreciate being informed about children's special needs in order to support them accordingly. All information will be handled with complete confidentiality) Eyes () Ears () Limbs/Extremities () Other: _____ _____ (further information or implication of measures to be taken if applicable) Date of last tetanus vaccination: _____ Other vaccinations: Measles () Mumps () Rubella () Polio () Diphtheria ()</p>

We are aware that child's participation in medical examinations carried out by the health authorities is mandatory.

24. **Requested school enrollment date is _____; Enrollment in grade _____**

Lohmar, _____
(Date and legal guardian's signature)