



DREILINDEN – GYMNASIUM

Grade: _____

Date: _____

PLEASE PRINT CLEARLY AND COMPLETE ALL SECTIONS

Personal Information:

Surname: First Name/s : F M
(Underline Preferred Name)

Date of Birth: Place of Birth:

Address:
Street, Number Postcode City

Nationality: Main Language at Home:

Health Insurance Carrier: Name of Policy Holder:

Name of Last School Attended:

Recommendation: (Gymnasium (Grammar School)) (Integrierte Sekundarschule (Comprehensive School))

First Foreign Language: Since (Grade)

Choice of Second Foreign Language (7th Grade): (French) (Spanish)

Please Indicate Any Siblings attending Dreilinden-Gymnasium:
Full Name Grade

Information Mother

Surname, First Name :

Occupation (voluntary information):

Address :

Phone (Private) : Phone (Business) :

Mobile : E-mail :

Information Father

Surname, First Name :

Occupation (voluntary):

Address :

Phone (Private) : Phone (Business) :

Mobile : E-mail :

Custody: Both Parents Mother Father Legal Guardian

Allergies/ medical conditions or other concerns:



Grade: _____

If possible, my child would like to be placed in a class with: (Surname, First Name):

1.

2.

3.

Please list emergency contacts if you cannot be reached: (Name and phone number)

Berlin,

Signature of Parent or Legal Guardian