



DREILINDEN – GYMNASIUM

Grade: _____

Date: _____

REGISTRATION SESB CLASS

PLEASE PRINT CLEARLY AND COMPLETE ALL SECTIONS

Personal Information:

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

Date of Birth: Place of Birth: Nationality:

Address:
Street, Number Postcode City

Native Language: G E other Partner Language: E G other

Name of Last School Attended: SESB Branch Regular Branch

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

First Foreign Language: Since (Grade)

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

Recognized Special needs: emotional/social Autism /(ASD) Visual / Hearing impairment

Support required: Dyslexia ADHD / ADD Dyscalculia

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:

Berlin-Pass (voluntary information): Yes No

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