



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**:

<u>Last name</u>	<u>given name</u>	<u>date of birth</u>	<u>school grade/class</u>
------------------	-------------------	----------------------	---------------------------

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

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

Yes, the following:
(last name, given name)

** voluntary information

*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