



ENTRANCE CLASS ADMISSIONS APPLICATION

This application will be kept on file for one calendar year only.

Name of child _____ Sex _____

Date of Birth _____ Birthplace _____

Citizenship _____ Religion (optional) _____

Address _____ Tel./Fax: _____

_____ Emergency Tel. _____

_____ E-Mail _____

Dominant Language _____ Other Language(s) _____

Most recent schools attended: List other siblings at JFKS:

1. _____ 1. _____

2. _____ 2. _____

My child has received or is receiving additional services for a learning difficulty or physical need.

Yes No If yes, please submit information about the nature of the child's needs.

Has your child attended preschool? Yes No If yes, where/how long?

Application is made for entrance class beginning _____

Expected duration of residence in Berlin: from _____ to _____

FATHER

MOTHER

_____ Name _____

_____ Address _____

_____ Citizenship/Passport No. _____

_____ Dominant Language/Other Languages _____

_____ Profession _____

_____ Employer _____

_____ Work Address _____

_____ Work Telephone _____

I/We certify that the above information is complete and correct.

I/We agree that the school may maintain computer records.

I/We give permission for the school to give address and telephone numbers to other parents of children in the class, to the JFKS Verein (Parents' Society), and to the Parent Council.

I/We agree that any information on this form may be supplied to the US Department of State.

I/We understand that standardized testing is part of the school program.

This form must be sent by mail, fax, or e-mail (single PDF attachment).

Please include: copies of parents' passports and copy of child's passport or certificate of birth .

Signature / Date

Signature / Date