



Städt. Gemeinschaftsgrundschule Lörick
Wickrather Straße 31, 40547 Düsseldorf

Application form for pupils

School Year _____

in form _____ Registration date: _____ Admission date: _____

Pupil	Family name of the pupil		First name of the pupil		Date of birth
Adress (street number, postcode city)			City of birth	Country of birth	In Germany since (moving date)
Gender <input type="checkbox"/> male <input type="checkbox"/> female	Nationality	Family language (best spoken)	German language skills <input type="checkbox"/> well <input type="checkbox"/> basic knowledge <input type="checkbox"/> none		Application exceptions: <input type="checkbox"/> Not required to attend school <input type="checkbox"/> Deferral from school attendance
Religion <input type="checkbox"/> catholic <input type="checkbox"/> protestant <input type="checkbox"/> islamic <input type="checkbox"/> jewish <input type="checkbox"/> non denominational <input type="checkbox"/> alevi <input type="checkbox"/> orthodox <input type="checkbox"/> syrian-orthodox <input type="checkbox"/> other religion: _____					

Parents	Father legal guardian <input type="checkbox"/> yes <input type="checkbox"/> no No -> confirmation <input type="checkbox"/> available <input type="checkbox"/> will be given later	Mother legal guardian <input type="checkbox"/> yes <input type="checkbox"/> no No -> confirmation <input type="checkbox"/> available <input type="checkbox"/> will be given later
Family name, first name		
Adress – if different	Only translation help – please fill in the german form	
Nationality		
Country of birth		
Profession (voluntarily)		
Mobile	Tick first emergency number	
Home phone/phone work		
E-Mail	Tick first E-Mail	

Siblings <input type="checkbox"/> yes <input type="checkbox"/> no number _____ age _____
Vaccination against measles <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> proof available
Düsselpass <input type="checkbox"/> yes <input type="checkbox"/> no (Exemption from school book money) <input type="checkbox"/> Valid copy available valid till _____ <input type="checkbox"/> ALG II (unemployment benefit) <input type="checkbox"/> SGB XII (social care)



Name des Kindes: _____

Kindergarten (name, adress)		Number of years visited _____	German language support in Kindergarten <input type="checkbox"/> yes <input type="checkbox"/> no		
Declaration of acceptance I hereby consent to the school contacting the kindergarten. →			Signature/s: _____		
Impairments of health (e.g. allergies, glasses wearers, hearing impaired, speech disorders, disabling injuries, exemption from sports lessons with a doctor's certificate...)					
Completed or ongoing therapies / taking medication					
Lessons in language of origin <input type="checkbox"/> yes <input type="checkbox"/> no takes place 1x/ week in the afternoon at another school		Language: _____	Binding registration Date: _____ Signature/s: _____		
After school care: Desired form →	<input type="checkbox"/> none	Whole Day Class <input type="checkbox"/> yes <input type="checkbox"/> no (obligatory for the whole class up to the 4th school year) OGS – 16.30h	Additional day care <input type="checkbox"/> yes <input type="checkbox"/> no (cancellable at the end of each school year, no lessons in the afternoon) OGS – 16.30h	After school care till 14 o'clock <input type="checkbox"/> yes <input type="checkbox"/> no	
Mother/ Father single parent <input type="checkbox"/> yes <input type="checkbox"/> no					
Employment	Mother: <input type="checkbox"/> full time <input type="checkbox"/> part time <input type="checkbox"/> German course <input type="checkbox"/> none		Vater: <input type="checkbox"/> full time <input type="checkbox"/> part time <input type="checkbox"/> German course <input type="checkbox"/> none		
With whom would the child like to go to the class? - Specify only one child			Second choice school		
Only when changing school (1-4) form: _____		Enrollment date: _____		<input type="checkbox"/> Repitition of form _____	
Previous school: _____		from: _____ to: _____		Support in german language <input type="checkbox"/> yes, from _____ till _____	
Adress, tel: _____					

I / we hereby register my/our child for admission to the GGS Lörick. I confirm the accuracy of the above information, also with the consent of the other parent. I will notify the school immediately of any changes to this information.

Düsseldorf, _____
date

signature/s