Registration for the….. Grade Level

School Year 2026/27 – Date of Entry: _____ Class: _____

Student

Last Name		First Name	Date of Entry
Gender ☐ m ☐ w	Date of Birth	Place of Birth	Country of Birth
Nationality	Mother Tongue	Date & Type of Immigration (only if country of Birth is abroad)	Preferred Language in Family (If not German)
Religious Affiliation: ☐ röm.-kath. ☐ evang. ☐ No religion ☐ _____			Participation in Religious Education ☐ röm.-kath. ☐ evang. ☐Ethics

Previous School

Name of School	Transfer from Grade Level
Previous Language Sequence ☐ E/L ☐ E/F ☐ E/ ☐ Other: _____	
Educational Branch attended ☐ NTG ☐ SG ☐ WSG ☐ Other: _____	

Contact Person

Parents/Contact Person is/Are ☐ Parents ☐ Mother only ☐ Father only ☐ Other Person:_____

	Person 1 (Primary Contact) ☐ Mother ☐ Father ☐ Other. Person	**Person 2** ☐ Mother ☐ Father ☐ Other. Person
Name, First Name		
Street, Haus Number		*
Postal Code, City		*
Phone (privat)		*
Phone (work)		
Mobile		
E -Mail-Addresse		*
		Authorized to receive information: ☐ yes ☐no

Student lives with: ☐ Parents ☐ Mother only ☐ Father only ☐ Other Person: _____

Address: _____

Other Information

Registration for after-School Care	☐ No ☐ yes (→Completing the OGT form)
Siblings at the School (Name & Class)	
Health Conditions: ☐ No ☐ yes	
Presence of reading and Spelling disorders: Dyslexia ☐ Reading-Spelling Weakness	

Place , Date	Signature