

**INFORMATION OF STUDENT AND LEGAL GUARDIAN(S)**

Full name of student: \_\_\_\_\_ ■ ■

Date of birth (dd/mm/yyyy): \_\_\_\_\_ Gender (male/female): \_\_\_\_\_

Place of birth (city/country): \_\_\_\_\_

Nationality/Nationalities of student (passport holder of): \_\_\_\_\_

Current address of student: \_\_\_\_\_

City: \_\_\_\_\_ Country: \_\_\_\_\_

Name of previous school: \_\_\_\_\_ Grade the student is applying to: \_\_\_\_\_

Expected entry date (dd/mm/yyyy): \_\_\_\_\_ Expected length of stay: \_\_\_\_\_

Date of enrollment to grade 1 (month/year) \_\_\_\_\_ Year of entry in Germany: \_\_\_\_\_

Language(s) spoken by the student: 1. Native: \_\_\_\_\_ 2. Language: \_\_\_\_\_ Size uniform: \_\_\_\_\_

**INFORMATION OF FATHER OR LEGAL GUARDIAN**

Name of father or legal guardian: \_\_\_\_\_

Address of father or legal guardian: \_\_\_\_\_

City: \_\_\_\_\_ Country: \_\_\_\_\_

Email address: \_\_\_\_\_ Phone number: \_\_\_\_\_

Nationality/Nationalities of father (passport holder of): \_\_\_\_\_

Language(s) spoken by father: \_\_\_\_\_

Profession/Company: \_\_\_\_\_ Company's phone number: \_\_\_\_\_

**INFORMATION OF MOTHER OR LEGAL GUARDIAN**

Name of mother or legal guardian: \_\_\_\_\_

Address of mother or legal guardian: \_\_\_\_\_

City: \_\_\_\_\_ Country: \_\_\_\_\_

Email address: \_\_\_\_\_ Phone number: \_\_\_\_\_

Nationality/Nationalities of mother (passport holder of): \_\_\_\_\_

Language(s) spoken by mother: \_\_\_\_\_

Profession/Company: \_\_\_\_\_ Company's phone number: \_\_\_\_\_

**EMERGENCY CONTACT INFORMATION (IN CASE OF EMERGENCY IF PARENTS ARE NOT AVAILABLE, PLEASE CONTACT):**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Home telephone number: \_\_\_\_\_ Mobile number: \_\_\_\_\_

Work telephone number: \_\_\_\_\_ Email address: \_\_\_\_\_

Health insurance company: \_\_\_\_\_ Name of doctor: \_\_\_\_\_

Doctor's telephone number: \_\_\_\_\_ Doctor's email address: \_\_\_\_\_

Please proceed with the next page

**STUDENT'S MEDICAL INFORMATION:**

Name any known allergies of the student:

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Name any dietary restrictions of the student:

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Is the student under any kind of medical care or taking medication? (Yes/No)

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If so, please name the medication taken and any other relevant medical information:

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Does the student have any physical activity restrictions? (Yes/No)

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If so, please clarify which one(s):

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Has the student ever been diagnosed with specific learning conditions? (Yes/No)

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If so, please clarify which one(s):

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Has the student ever been diagnosed with a mental or physical illness? (Yes/No)

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If so, please clarify which one(s):

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Please note that in order to complete the admission process, you are required to submit a copy of all relevant medical records, immunization records and any other relevant documents.

I hereby declare that all statements contained in this application are true and correct and understand that false or inaccurate information in the application will be the basis for termination of my son's/daughter's enrollment in MIS. I (we) authorize the staff of the Metropolitan International School to contact those named on this form in case of emergency and authorize the school staff to take whatever action is deemed necessary in their judgment for the health of my son/daughter in case I/we cannot be reached. I/we also release the school from liability, pertaining to any emergency care, treatment and/or transportation. This limitation of liability shall not apply in the event of intent, gross negligence and for the culpable breach of material contractual obligations, as specified in the student handbook and/or contract details. I/we also confirm that all the information provided on this form is correct to the best of my/our knowledge.

Name of both parents (legal guardians):

Today's date (dd/mm/yyyy):

Once completed, save this form in your computer and please send it as an attachment via email to: [anmeldung-vh@metroschool.de](mailto:anmeldung-vh@metroschool.de)