

Primary School Application Form | MIS Viernheim

Walter-Gropius-Allee 3, 68519 Viernheim | Tel: +49 6204 708 7796 | Email: contact@metroschool.de

Please fill out this form and send it back to our office together with the non-refundable application fee (please send the confirmation of payment along with the form). Note the application process will only start after we have received the signed application form and proof of payment.

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

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

Name any known allergies of the student

Name any dietary restrictions of the student

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

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

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

If so, please clarify which one(s)

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

If so, please clarify which one(s)

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

If so, please clarify which one(s)

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)

Father

Mother

Once completed, save this form in your computer and please send it as an attachment via email to: application-vh@metroschool.de

Bank Information: **MIA Vierheim | IBAN: DE02 4306 0967 6020 5315 01 | BIC: GENODEM1GLS**