

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:

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):

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