

## Metropolitan International School Application Form | Heidelberg

*We suggest that you arrange a meeting to visit MIS before starting the application process.*

### Application process:

1. Fill out this form and send it back to our office
2. Pay the non-refundable application fee (please send the confirmation of payment along with the form.)

Please note that the application process will only start after we have received both the application form signed and proof of payment.

<b>For the Kindergarten-Year:</b>	
Are you applying for: <input type="radio"/> Nursery (0-3 Years) <input type="radio"/> Kindergarten (3-5 Years) <input type="radio"/> Preschool (5-6 Years)	
Preferred schedule:	7:30 - 15:00                      7:30 - 18:00
<small>Please note that the preferred schedule might not be available</small>	
<b>Expected Entry Date:</b>	
<b>Expected length of stay:</b>	
<b>First name of child:</b>	
<b>Last name of child:</b>	
<b>Sex of child:</b>	<b>Religion (optional):</b>
<b>Date of Birth (DD/MM/YYYY):</b>	
<b>First Citizenship:</b>	<b>Second Citizenship:</b> <small>If applicable</small>
<b>Year of entry in Germany:</b>	
<b>Place of birth (Country/City):</b>	
<small>Home Address</small> <b>Street and Number:</b>	
<small>Home address</small> <b>Postal code, City, State Province:</b>	
<b>Language(s) spoken in the family:</b>	

Child's medical information
Has your child got any known allergies?
Does the child have any dietary restrictions?
Is the child now under medical care or taking medication?
If so, please provide the names of the medication(s).
Is there any restriction of physical activity?
Has the child ever been diagnosed with/for any specific learning needs (eg. Dyslexia)?
Has the child ever being diagnosed with a mental or physical illness? If so, please describe.
Name of health insurance company:
Name of the child's pediatrician:
Pediatrician's mailing address:
Pediatrician's Telephone Number:
<i>Please also 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 materials.</i>

Parent's information		
<b>First Name of</b>	Mother/Guardian:	Father/Guardian:
<b>Last Name of</b>	Mother/Guardian:	Father/Guardian:
<b>Nationality(s):</b>	Mother/Guardian:	Father/Guardian:
<b>Language(s)spoken:</b>	Mother/Guardian:	Father/Guardian:
<b>Street and Number:</b>	Mother/Guardian:	Father/Guardian:
<b>Post Code (PLZ):</b>	Mother/Guardian:	Father/Guardian:
<b>City:</b>	Mother/Guardian:	Father/Guardian:
<b>State/Province:</b>	Mother/Guardian:	Father/Guardian:
<b>Country:</b>	Mother/Guardian:	Father/Guardian:
<b>Telephone Number:</b>	Mother/Guardian:	Father/Guardian:
<b>Mobile Number:</b>	Mother/Guardian:	Father/Guardian:
<b>E - Mail Address:</b>	Mother/Guardian:	Father/Guardian:
<b>Profession/ Position Held:</b>	Mother/Guardian:	Father/Guardian:
<b>Company:</b>	Mother/Guardian:	Father/Guardian:
<b>Company Address:</b>	Mother/Guardian:	Father/Guardian:
<b>Company Phone Nr.:</b>	Mother/Guardian:	Father/Guardian:
<b>Date of Birth (DD/MM/YYYY):</b>	Mother/Guardian:	Father/Guardian:
<b>Emergency Contact Information</b> <i>Only the people listed below are allowed to pick up your child from the MIS.</i> <i>Fill out only if the emergency contacts are different from the parents/legal guardians</i>		
<b>1. Name of Contact:</b>		
<b>Contact numbers:</b>		

2. Name of Contact:

Contact numbers:

*I (We) understand that the School's payment method is via direct debit authorization (SEPA Mandat) or yearly advanced payment.*

*I (We) understand that submitting the signed application form and paying the waiting list fee of 50 EUR does not oblige the school to accept the student.*

*I (We) 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 child's enrollment in MIS.*

*I (We), the undersigned, do hereby authorize the staff of the Metropolitan International School to contact directly the persons named on this form, in the event of an emergency. When the parents/guardians cannot be reached the school staff is hereby authorized to take whatever action is deemed necessary, in their judgment, for the health of my/our child; and I/we, hereby 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 parent Handbook and/or Contract Details.*

*I/We also confirm that all the information I/we have given on this form is correct, to the best of our knowledge.*

- I am/we are aware that the personal data specified in the document, in particular the name, address, telephone number, etc., which is collected, are necessary and solely for the purpose of carrying out the resulting contractual relationship and based on legal rights.

Name and Signature of both parents (legal guardians)

Mother

Father

Today's Date:

*Please return this form via email to: MIS Heidelberg: [anmeldung-hd@metroschool.de](mailto:anmeldung-hd@metroschool.de)*

Bank Information:

*Please mention your child's name and the requested Kindergarten while making the application fee payment.*

MIS Heidelberg | IBAN: DE28 4306 0967 6020 9201 00 | BIC: GENODEM1GLS