



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.

For the Kindergarten-Year

Preferred schedule

Expected entry date

Expected length of stay

Child's details

First name

Last name

Sex F M

Date of birth (DD/MM/YYYY)

Religion (optional)

First citizenship

Second citizenship

Year of entry in Germany

Place of birth (country/city)

Language(s) spoken in the family

Home address, street and number

Postal code, city

Child's medical information

Has your child got any known allergies? If yes, please specify.

Does the child have any dietary restrictions? If yes, please specify.

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? If yes, please specify.

Has the child ever been diagnosed with/for any specific learning needs (eg. Dyslexia)? If yes, please specify.

Has the child ever being diagnosed with a mental or physical illness? If so, please describe.

Health Insurance

Name of health insurance company

Name of child's pediatrician

Pediatrician's mailing address

Telephone number

Email

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.

Mother's name	Father's name
Surname	Surname
Nationality	Nationality
Languages spoken	Languages spoken
Address street and number	Postal code, city
Mobile 1	Mobile 2
Telephone	E-mail

Emergency Contact Information. Only the people listed below are allowed to pick up your child from the MIS.

Complete only if the emergency contacts are different from the parents/legal guardians.

Name	Name
Contact number	Contact number

- 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
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Please return this form via email to MIS Heidelberg: application-hd@metroschool.de

Bank Information: Please specify your child's name and requested Kindergarten when completing the application fee payment.

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