

APPLICATION FORM DSL Year 1 - 12

Please attach current
passport size
photograph of your
child.



Application for entry as of the
following date or school year: _____

Grade level applied for: _____

1. Personal details of child

Surname		First name(s)		Gender <input type="checkbox"/> M <input type="checkbox"/> D <input type="checkbox"/> W <input type="checkbox"/> O
Date of birth	Place of birth	Nationality (please state all nationalities)		Religious denomination
First language	German as foreign language <input type="checkbox"/> yes <input type="checkbox"/> no	Bilingual in		Other languages

2. Personal details of parents (legal guardians)

	Surname	First name	Date of birth	Marital status	Nationality	Native language
Parent 1						
Parent 2						
Current address Parent 1				Gender Parent 1 <input type="checkbox"/> M <input type="checkbox"/> D <input type="checkbox"/> W. <input type="checkbox"/> O		
Current address Parent 2	<input type="checkbox"/> Address as P1			Gender Parent 2 <input type="checkbox"/> M <input type="checkbox"/> D <input type="checkbox"/> W <input type="checkbox"/> O		
Mobile Parent 1	Email Parent 1					
Mobile Parent 2	Email Parent 2					
<i>If different from parent1 / parent2</i>						
1. Legal Guardian						
2. Legal Guardian						
<input type="checkbox"/> German Embassy <input type="checkbox"/> German Army <input type="checkbox"/> Foreign Office <input type="checkbox"/> Other Embassy <input type="checkbox"/> DSL Staff						

3. Details of previous and current schools:

Current School (*Name, Place*)

Date of entry

Class Primary School Gymnasium Realschule Hauptschule other (*please state*)

Previous School History

Primary School (grade 1 – 4)	In town/country	Date
Secondary School I (grade 5 – 10)	In town/country	
Secondary School II	In town/country	

b) In case of grade retention, grade repeated: _____ in school year _____

4. Siblings at DSL

Surname	First Name	Enrolled since	Current class
Surname	First Name	Enrolled since	Current class

5. Details of learning requirements

First foreign language: Text Book:	Since grade Volume
Second foreign language: Text Book:	Since grade Volume
Third foreign language: Text Book:	Since grade Volume
Does your child have any special educational needs/disability and/or medical condition?: <input type="checkbox"/> ja <input type="checkbox"/> nein	
If yes, and they have received a formal assessment and or diagnosis please list below and attach copies of any reports or medical letters.	
Date:	Name of professional and type of report:
	Diagnosis (if applicable)

6. Declaration: By signing this registration form we understand, accept and agree the following:

- We confirm that all details stated above are complete and accurate.
- We agree that our personal data can be stored and used for the purpose of Processing this admission application.
- We will notify DSL Administration promptly of changes to our personal details (address, telephone number, email).

.....
Date

.....
Signature of parent or legal guardian 1

.....
Date

.....
Signature of parent or legal guardian 2

7. Attachments:

Please attach the following documents:

1. Proof of payment for registration and administration fee (£ 600 incl.VAT)
2. 1 passport size photograph (to be attached on page 1)
3. Birth certificate (copy)
4. Birth certificate (copy)
5. latest school report (copy)
6. Further documents (expert opinion, medical certificate, etc.)

8. Please let us know how you heard about us:

- Internet
- Employer
- Friends or relatives
- Colleagues
- Other German schools abroad
- Relocation Companies
- Independent School Register
- Local Borough
- Other, please specify