

Office Use Only!



Date received _____

- (R) Returning Student
- (N) New Student
- (WL) Waiting List

www.germanschoolatlanta.com
info@germanschoolatlanta.com

REGISTRATION FORM FOR THE SCHOOL YEAR 2017/2018

Last Name First name DOB (month/day/year) F M Sex Name of Regular School / Grade as of 17/18

Level or Teacher Last Semester

Student Information

Knowledge of German: _____

Place of birth: _____ Country _____

Education in Germany: _____

Name of Parents

Mailing Address/Street

Occupation

City

Zip Code

Company or Institution Employed

E-mail address

Telephone: Home: _____ Cell: _____

Office: _____

I have received and agreed to the GSA Release and Authorization Policy Yes / No

Signature of Parent

MEDICAL EMERGENCY FORM FOR THE SCHOOL YEAR 2017/18

Name of Student

Emergency Contact (NOT Parent) Name & Telephone Number

In the event that Emergency Medical treatment is indicated and the German School of Atlanta is unable to contact you or your spouse, signing this form constitutes authorization for the school to perform or arrange for whatever treatment is necessary.

Date

Signature of Parent

The German School of Atlanta is open to all students without regard to race, creed or national origin.