

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 2024/2025

Student Last Name	First Name	DOB (month/day/year)	Place of birth (city)	F M Sex
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GSA Level or Teacher Last School Year	Name of Regular School / Grade as of 24/25
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German Proficiency ___ Beginner ___ Intermediate ___ Advanced

___ German spoken frequently at home ___ Student enrolled in German at local school, Number of Years of German instructions: ___

Name of Parents

Mailing Address/Street

City, State, ZIP Code

Phone

E-Mail address

I have read and agree to the mandatory volunteer hour policy as lined out in the registration letter (please initial _____) .

I wish to pay \$150 and not volunteer my time (please check box for that option)!

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

Signature of Parent

Occupation of Parent(s)

MEDICAL EMERGENCY FORM FOR THE SCHOOL YEAR 2024/25

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 from 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.
The GSA, a non-profit organization, greatly depends on your support and donations.