

DEUTSCHE SAMSTAGSSCHULE AUSTIN SUMMER 2010

PARENT INFORMATION

Primary Parent Contact Name: _____

Address: _____ City _____ ST ____ Zip: _____ + _____

Phone: Home _____ Cell: _____ Work: _____

Email: _____

Secondary Parent Contact Name: _____

Address: (If Different) _____ City _____ ST ____ Zip: _____ + _____

Phone: Home _____ Cell: _____ Work: _____

Email: _____

CHILD INFORMATION

Child's Name: _____ **Birth Date:** _____ **Age:** _____

Pre-school/School: _____ **Grade:** _____ **Gender:** F / M

German Language Ability Comprehension: None__ Beg__ Int__ Adv__ Fluent__

Speaking: None__ Beg__ Int__ Adv__ Fluent__

Helpful information (allergies etc): _____

Other Interests/Hobbies: _____

FAMILY INFORMATION

Language(s) spoken at home (in %): English: _____ German: _____ Other: _____

Main reason(s) for learning German: _____

Will someone be able to assist with German homework? Yes__ No__

Parents interested in volunteer work at school? Yes__ No__ Which Parent? _____

Would the parents like to receive the GTHS E-mail Newsletter? Yes__ No__

EMERGENCY CONTACT INFORMATION (other than parent)

Name: _____ **Phone:** _____ **Relationship:** _____

Physician: _____ **Phone:** _____

SUMMER SESSION INFORMATION

Year: 2010 Term: Summer I (June 5 – 26)* _____ Summer II (July 10 – 31)* _____

*Tuition is \$75 for members and \$85 for non-members PER SESSION or \$135 for members and \$155 for non-members for both sessions.

For Office Use Only (form revised 04/21/10)

Application Rec'd: _____ Payment Deposited: _____ Amount Paid: _____ Check # _____

Vorschule (ages 3-5) _____ Grundschule (ages 6-8) _____ Mittelschule (ages 9-13) _____