

DEUTSCHE SAMSTAGSSCHULE AUSTIN

Fall 2010 Application Form

Today's Date: _____

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: _____

For Office Use Only (form revised 01/08/10)

Class: Vorschule (ages 3-5) _____ Beginner _____

Grundschule (ages 6-8) _____ Intermediate _____

Mittelschule (ages 9-13) _____ Advanced _____

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