



LOWER ELEMENTARY German Immersion Program

Date of Application _____ For School Year _____ Waiting List

First Day of Attendance _____

Applicant's Full Legal Name:

Last / First / Middle / Preferred Nick Name

Date of Birth _____ Gender: Female Male

FAMILY INFORMATION:

Address City State, ZIP
Home Phone: _____

Parent/Guardian (father, if applicable)

Title / First/ Last Name
Cell Phone _____ Email _____

Employer _____

Business Address _____

Business Phone _____

Occupation/Position _____

Parent/Guardian (mother, if applicable)

Title / First / Last Name
Cell Phone _____ Email _____

Employer _____

Business Address _____

Business Phone _____ Occupation/Position _____

Additional Household (if applicable)

Address _____ City _____ State _____ ZIP _____

Home Phone: _____

Parent/Guardian (father, if applicable)

Title / First _____ / Last Name _____
Cell Phone _____ Email _____

Employer _____

Business Address _____

Business Telephone _____ Occupation/Position _____

Parent/Guardian (mother, if applicable)

Title / First _____ / Last Name _____
Cell Phone _____ Email _____

Employer _____

Business Telephone _____ Occupation/Position _____

Other children in family (give names, ages, schools if in school or college):

Name _____ Age ____ School _____

Name _____ Age ____ School _____

Name _____ Age ____ School _____

Student resides with

- Both parents in same house
- Both parents who are separated or divorced and have joint custody
- Mother, who is custodial parent
- Father, who is custodial parent
- Other _____

Legal and custodial arrangements, if applicable:

- Parents separated Parents divorced Father remarried Mother deceased
Father deceased Mother remarried

Emergency Contact

At least two emergency contacts are required. Please submit the name, phone number and full address!

Name:

1. _____ Phone: _____

Address: _____

Name:

2. _____ Phone: _____

Address: _____

Please identify any health concerns that school personnel should be aware of:

Allergies: no yes, specify: _____

Epi-pen: no yes, EpiPen Authorization form must be completed

Asthma: no yes, if yes, inhaler Authorization form must be completed

Seizure: no yes, emergency seizure medication: _____

Does your student take any medication regularly? no yes: _____

TO GRANT CONSENT

I hereby give consent for the following medical care providers and local hospital to be called:

Doctor: _____ Phone: _____

Local Hospital: _____ Phone: _____

In the event reasonable attempt to contact me have been unsuccessful, I hereby give my consent for:

- 1) the administration of any treatment deemed necessary by above named doctors or in the event the designated practitioner is not available by another licensed physician and 2) the transfer of the child to any hospital reasonable accessible. This authorization dos not cover major surgery unless the medical opinions of two other licensed physicians, concurring in the necessity for such surgery, are obtained prior to the performance of such surgery.

Signature of parent/guardian Date

REFUSUL TO CONSENT

I do not give my consent for emergency medical treatment of my child. In the event of illness or injury requiring emergency treatment, I wish the school authorities to take the following action:

PERMISSIONS: Please initial.

- 1. FIELD TRIP: I hereby ___ give ___ do not give - my consent for my child to participate in field trips. 2.
- 2. WATER ACTIVITIES: I hereby give ____, do not give ___ my consent for my child to participate in water activities
- 3. PHOTO/VIDEO RELEASE I give _____ permission to German ISD to use my child's pictures and videos post on the internet and other promotional material. I _____ do not give permission.
- 4. RECEIPT OF WRITTEN OPERATIONAL POLICIES/ Parent Handbook: I _____ acknowledge that I have received a copy of German ISD's Parent Handbook. I _____ understand that it contains important information on policies and procedures. I _____ understand that is it my responsibility to familiarize myself with the information and that I _____ agree with the policies and rules of the school.

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ATTENDANCE: Students enrolled in Lower Elementary are required to attend school from Monday to Friday, 8 a.m. to 3 p.m.

ADMISSION

Application Fee: \$1000 (\$750 credited towards the tuition payment, \$250 Enrollment Fee)

Option I: \$ 11.250,00
(1st semester, August) \$6.000 / 2nd Semester: \$ 4.500

Option II: \$ 11.770,00 Monthly payments \$1.160

My signature below indicates that all information contained in this application is true, correct, complete and honestly presented.

Signature of parent or guardian/date

The German International School in Dallas admits students of any race, color, national and ethnic origin to all the rights, privileges, programs, and activities generally accorded or made available to students at the school. It does not discriminate on the basis of race, color, national and ethnic origin in administration of its educational policies, admissions policies or any other school-administered programs.