



KINDERGARTEN German Immersion

Date of Application _____ For Kindergarten School Year: _____

Applicant's Full Legal Name:

Last First Middle Preferred Nick Name

Date of Birth: _____ Gender: Female Male

FAMILY INFORMATION:

Primary Household:

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 MEDICAL AUTHORIZATION FORM

EMERGENCY CONTACTS

At least two emergency contacts, other than parents or guardians, are required. Please submit the name, phone number and full address!

Name:

1. _____ Phone: _____

Address: _____

Relationship: _____

Name:

2. _____ Phone: _____

Address: _____

Relationship: _____

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

Allergies: no yes, please 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 does 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. 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 to post on the internet and other promotional material.
I ____ do not give permission to have my child photographed.
- 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 it is my responsibility to familiarize myself with the information and that I agree with the policies and rules of the school.

.....

ATTENDANCE: Students enrolled in Kindergarten are required to attend school from Monday to Friday, 8 am to 3 pm.

ADMISSION

Application Fee: \$1,000 (\$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 of 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.