



# KINDERGARTEN & LOWER ELEMENTARY

## Application Form

School Year: 20\_\_\_\_ / \_\_\_\_\_

Date of application: \_\_\_\_\_ Fee: \_\_\_\_\_ O Paid: \_\_\_\_\_

FULL LEGAL NAME of Student \_\_\_\_\_

Date of Birth: \_\_\_\_\_ (month/day/year)

### STUDENT INFORMATION

Has your child attended a Pre-S or Pre-K program before:  Yes  No

If YES, please provide name of preschool or pre-kindergarten program:

\_\_\_\_\_

Is your child exposed to another language *other* than English?

No  Yes: \_\_\_\_\_

Is the primary language used in your child's home or environment a language *other* than German?  No  Yes:

\_\_\_\_\_

Does the student receive any special education services or have a current, active IEP at his/her prior school?

Speech Therapy  Occupational Therapy  Physical Therapy  Other

'Other' – please describe \_\_\_\_\_

Does the student have any medically diagnosed/physician-treated conditions

If yes, please describe:

\_\_\_\_\_  
\_\_\_\_\_

Parent/Guardian must provide school with a medical statement from physician before student's medical information is entered into our student database or shared with the appropriate school personnel.

Does the student has any allergies?

No  Yes: \_\_\_\_\_

1. Does the student take prescribed medication during school day hours?  No  Yes

If yes, student's physician must complete an APS prescribed medicine form!

2. Does the student take prescribed medication during school day hours?  No  Yes

If yes, student's physician must complete an APS prescribed medicine form!

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

4. Asthma:  no  yes, if yes, inhaler authorization form must be completed

5. Seizure:  no  yes, emergency seizure medication: \_\_\_\_\_

### 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 that reasonable attempts have been made 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.

**REFUSAL 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: \_\_\_\_\_

**HOUSEHOLD INFORMATION** Is student living with a parent or legal guardian?  Yes, if  No

Legal and custodial arrangements  Parents married  Parents together

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

1. Legal Parent & Relation: \_\_\_\_\_  
Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Employer/ Position: \_\_\_\_\_ Work phone: \_\_\_\_\_

2. Legal Parent & Relation: \_\_\_\_\_  
Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Employer/ Position: \_\_\_\_\_ Work phone: \_\_\_\_\_

<p><b>NON-Household Emergency Contacts – DO NOT list names of guardians/adults already listed on this form. They are automatically contacted first in an emergency. Your child will NOT be released to anyone other than parents/guardians already listed and those listed below.</b></p> <p style="text-align: center;"><b>PLEASE PRINT</b></p> <p>Please list ONLY ONE name per line. Do NOT print names already listed above or on the first page.</p>		
1. Name _____	Relationship to student _____	Phone _____
2. Name _____	Relationship to student _____	Phone _____
3. Name _____	Relationship to student _____	Phone _____
4. Name _____	Relationship to student _____	Phone _____
5. Name _____	Relationship to student _____	Phone _____

**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 is it 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/ Lower Elementary are required to attend school from Monday to Friday, 8 am to 3 pm.

**Application Fee:** \$1,000 (\$750 credited towards the tuition payment, \$250 Enrollment Fee)

**Option I: \$ 11,250.00**

**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 & 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 and made available to students at the school. It does not discriminate on the basis of race, color, national- and/or ethics origin in administration of its educational policies, admissions policies or any other school-administered programs.*

