

Request for enrolment

Please fill in the entire form and sign on page 4 and page 8

Name of undersigned Parent/Guardian: _____

I would like to enrol the following child at the European School Karlsruhe

1. INFORMATION PUPIL

Name of child: First Names/ Last Name

Present Address of Child

Address of Child in Germany (if different)

Phone Number of Parent/Guardian

Email Address of Parent/ Guardian

Male

Female

Place of Birth

Date of Birth (Day/Month/Year)

Nationality

Language spoken at Home/Mother tongue/dominant language

Other Language(s) spoken

Grade applying for:

Kindergarten

Primary (GS)

year 1

year 2

year 3

year 4

year 5

Secondary (OS)

year 1

year 2

year 3

year 4

year 5

year 6

year 7

Language Section requested:

English

Deutsch Français

First Foreign Language requested:

English

Deutsch Français

Die the first foreign language must be different from the first language and is subject to availability

Religion/Ethics requested:

Catholic

Protestant

Ethics

Religion/Ethics is subject to availability

For school use only:

Section:

Class :

L1 :

L2 :

Cat :

For the school year:

From:

2. INFORMATION PARENTS/GUARDIANS

MOTHER

Family Name

First Name

Address

Nationality/Language

Profession

Employer's Name

Phone No. Work

Mobile Number

Email-Adress

FATHER

Family Name

First Name

Address

Nationality/Language

Profession

Employer's Name

Phone No. Work

Mobile Number

Email-Adress

GUARDIAN

Family Name

First Name

Address

Nationality/Language

Profession

Employer's Name

Phone No. Work

Mobile Number

Email-Adress

BROTHERS AND SISTERS

Family Name

First Name

Date of Birth

.....

.....

.....

FAMILY STATUS

Married
 Single
 Divorced
 Other

Are both parents guardians of the child? Yes No
 If no, please provide us a legal custody statement!

Emergency Contact

Name

Relationship

Number

3. PREVIOUS EDUCATION

Name of School/Country	Schoolyear	Classes Attended
.....
.....
.....

Please list all schools attended and send us copies of school reports.

Language of Instruction	Knowledge of Foreign Languages	Number of Years' Practice
.....

If so, please comment.

Has your child ever repeated a grade/class/year? Yes
No

Has your child ever skipped a grade/class/year? Yes
No

Does your child have any particular learning difficulties/special needs? Yes
No

Has your child been receiving learning support? Yes
No

Does your child have any physical disabilities? Yes
No

Has your child ever consulted any of the following healthcare professionals?
 Child psychologist
 Child psychiatrist
 Speech/Language Therapist
 Other

If yes, please mention for how long

I agree to have my name, address, phone number and email address on the parents' contact list. Yes
No

How did you hear about our school?

Website company colleague relocation company other

4. LEGAL

Documents required for enrolment

- Birth certificate**
- Last school reports**
- Certificate from employer** The certificate is only requested for category 1 pupils for Joint Research Centre (JRC) and European Ombudsman.
- Payslip**
- Medical certificate stating that the pupil can attend school**
- Choice of options** Choice of options only applies to pupils of the secondary school.

⚠ Please note that the child will only be considered for enrolment after the school has received the registration fee of 200.00 € (see page 5).

The undersigned declares that he/she has been informed that his/her request will be accepted only when he/she receives written confirmation from the headmaster. The pupil cannot attend the school before this written confirmation.

According to article 46ff of the **"School General Rules"**, enrolment shall not be considered definite until all the requested documents are in the pupil's personal file.

The undersigned declares specifically that he/she has received a copy of the document **"General Information and Requirements"** and hereby undertakes, on the admission of the child to the school, to pay the school fees and charges specified therein.

You should note the following: by signing this enrolment application you undertake to pay the school fees as fixed by the Board of Governors of the European Schools and the school's Administrative Council. In no case will any reduction be considered for the school year in which a pupil is first admitted to the school. Charges made by the school for photocopying, swimming pool entrance fees, etc., must always be paid for the entire school year.

Under extraordinary circumstances the school is allowed to terminate the contract after two months. In this case the school fees will be reimbursed.

Any disputes will be settled within the Karlsruhe jurisdiction.

The General Rules of the European Schools can be viewed on the homepage www.eurasc.eu.

I undertake to respect and abide by the general rules of the European Schools and declare that all information given in this application is true and that any changes with regard to this application will immediately be notified to the European School Karlsruhe.

Date

Signature

5. REGISTRATION FEE

The application will only be processed after a registration fee of 200,00 € has been received by the European School Karlsruhe.

This regulation does not apply to persons employed by companies or institutions with which the ESK is contracted.

The registration fee of 200,00 € per student should be transferred to the account:

Europäische Schule Karlsruhe
Baden-Württembergische Bank Stuttgart
IBAN: DE76 6005 0101 74 9550 1416
BIC: SOLADEST600

Please include the following on your transfer "surname of child(ren)", as well as your surname if it differs from that of the child.

If your child is admitted and attends school, this registration fee will be applied to the tuition bill.

If your child is not accepted for reasons stemming from school regulations of the European Schools (for example, no available space), this amount will be refunded.

In case of withdrawal or for other reasons, the registration fee will not be refunded

Proof of the wire transfer must be attached to the application form. If the registration fee is not transferred, the application will not be processed.

Should you have any further questions, please contact us directly at the number(s) below.

Phone: 0721-68009-20 or 0721-68009-75

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Medical Information

First Name/Last Name of child

Class

Date and place of birth

Male

Female

Address

Phone number

Name and number of your Health Insurance

Father's name

Date of Birth

Profession

Phone (work)

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Address (if different from child)

Mother's name

Date of Birth

Profession

Phone (work)

Address (if different from child)

Are both parents guardians of the child? Yes

No

Name of the parent with sole due diligence:
.....

Name, address and phone number of the person who could be contacted to take care of the child in the event of the parents' absence:

Name of paediatrician or family doctor:

(must be completed!)

Diabetes	Yes <input type="checkbox"/>	
	No <input type="checkbox"/>	
Epilepsy	Yes <input type="checkbox"/>	
	No <input type="checkbox"/>	
Allergies (please specify)	Yes <input type="checkbox"/>	
	No <input type="checkbox"/>	
Other	Yes <input type="checkbox"/>	
	No <input type="checkbox"/>	

Please tick "Yes" or "No", if the child has had any of the following.

If necessary, please comment:

Whooping cough	Yes <input type="checkbox"/>	
	No <input type="checkbox"/>	
Mumps	Yes <input type="checkbox"/>	
	No <input type="checkbox"/>	
Measles	Yes <input type="checkbox"/>	
	No <input type="checkbox"/>	
Rubella	Yes <input type="checkbox"/>	
	No <input type="checkbox"/>	
Scarlet fever	Yes <input type="checkbox"/>	
	No <input type="checkbox"/>	
Chickenpox	Yes <input type="checkbox"/>	
	No <input type="checkbox"/>	
Other	Yes <input type="checkbox"/>	
	No <input type="checkbox"/>	

CONFIDENTIAL

Please tick "YES" or "NO", if the child has had any of the following vaccinations.

If necessary, please comment:

Diphtheria

Yes
No

.....

Tetanus

Yes
No

.....

Polio

Yes
No

.....

Whooping cough

Yes
No

.....

Hepatitis A

Yes
No

.....

Mumps

Yes
No

.....

Measles

Yes
No

.....

Rubella

Yes
No

.....

Tuberculosis (BCG)

Yes
No

.....

Hepatitis B

Yes
No

.....

Other

Yes
No

.....

Name of undersigned Parent/Guardian:

I am the parent/guardian of the child:

I declare that I am aware of the school medical service, in particular the obligatory medical examination, the obligation to inform the school administration of any contagious illnesses and parasitic infections and the procedure to follow after an absence for medical reasons (medical certificate after 2 days).

.....
Date

.....
Signature