

# Request for enrolment

The form must be fully completed and signed on page 4. Incomplete form will not be considered.

I/We, \_\_\_\_\_, the undersigned parent(s)/guardian(s) of the child, herewith request(s) the European School Karlsruhe to enroll:

## 1. INFORMATION CONCERNING THE PUPIL

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Name of child: Surname / First Names

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date of Birth (Day/Month/Year)

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Place of Birth (City/Country)

Gender Male  Female

Nationality 1 / Nationality 2

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Address of the Child (Street, No./ Postal code / City / Country)

\_\_\_\_\_  
Phone Number of the Parent/Guardian

\_\_\_\_\_  
Email Address of Parent/Guardian

\_\_\_\_\_  
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

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.

Registration fee

For school year:

starting from:

Approved:

Not approved:

Signature Director

## 2. INFORMATION CONCERNING THE PARENTS/GUARDIANS

The child lives with the  Parents  Mother  Father  Guardian

Please inform the school immediately of any changes regarding the data provided below

	Mother	Father	Guardian
Surname			
First Name			
Date of Birth (Day/Month/Year)			
Nationality			
Address Street, No.			
Postal Code/City			
Country			
Phone (private)			
Mobile phone (private)			
Profession			
Employer			
Phone at work			
E-mail for official school communication (Log-in, Announcements, invoices)			
INVOICES via E-mail to (one recipient only)			

### BROTHERS AND SISTERS

Surname	First Name	Date of Birth
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

### FAMILY STATUS

Married   
 Single   
 Divorced   
 Other

Are both parents guardians of the  
 child? Yes  No

If no, please provide a legal custody statement!

Emergency Contact
Name
Relationship
Phone No.

### 3. General information previous Education

The child has attended the following schools. Please list the institutions attended and provide a copy of the reports

Name of the school (or preschool)	Country	Grade attended	Language of instruction

Knowledge of foreign language \_\_\_\_\_

Number of years of practice \_\_\_\_\_

Competence (++) / (+) / (o) / (-) \_\_\_\_\_

(++ = native speaker level / + = very good / fluent / o = basic knowledge / - = no knowledge)

Has the child ever repeated a grade/class/year *	Yes <input type="checkbox"/>	No <input type="checkbox"/>	If yes, please specify _____
Has the child ever skipped a grade/class/year? *	Yes <input type="checkbox"/>	No <input type="checkbox"/>	_____
Does the child have any particular learning difficulties/special needs? **	Yes <input type="checkbox"/>	No <input type="checkbox"/>	_____
Has the child been receiving learning support? **	Yes <input type="checkbox"/>	No <input type="checkbox"/>	_____
Does the child have any physical disabilities? *	Yes <input type="checkbox"/>	No <input type="checkbox"/>	_____
Has the child ever consulted any of the following healthcare professionals? Child Psychologist/Psychiatrist **	Yes <input type="checkbox"/>	No <input type="checkbox"/>	how long? _____
Speech /Language Therapist **	Yes <input type="checkbox"/>	No <input type="checkbox"/>	how long _____
Other	<input type="checkbox"/>		_____

\* Please attach the relevant documentation

\*\* Please attach a copy of relevant medical assessment/documents from the last 6 months

I agree to have my name/address/phone number/email address on the parents contact list Yes   
No

How did you hear about our school?

Website  Company  Colleague  Relocation Company  Other

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#### 4. LEGAL

Documents to be enclosed with this application

1. Copy of the Birth Certificate of the child
2. Last school reports
3. For pupils joining P1, a medical certificate confirming that the child is ready to attend school
4. For parents who are divorced or separated, proof of custody of the child
5. Measles vaccination certificate
6. Certificate from Employer (the certificate is only requested for Category 1 enrolment (JRC Joint Research Centre, European Ombudsman, EU Institutions))
7. Payslip

Please submit only copies, no original documents. All documents must be in one of the section languages (DE, EN, FR) - with an officially certified translation if necessary.

**⚠ Please note that requests of enrolment will be considered only upon the receipt of the registration fees of 200.00 € (see page 5). Incomplete applications will not be processed.**

The undersigned declares that he/she have been informed that his/her request will be accepted only when he/she receives written confirmation from the Director. 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 read the General Rules of the European Schools [www.eursec.eu](http://www.eursec.eu) and hereby undertakes, on the admission of the child to the school, to pay the school fees and charges specified therein.

Please note: by signing this enrolment application undersigned undertakes to pay the school fees as fixed by the Board of Governors of the European Schools and the school’s Administrative Council. Under no circumstances will the first partial invoice be refunded. 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 administration, 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.eursec.eu](http://www.eursec.eu).

The privacy statement of the European Schools can be found in the header of our website [www.es-karlsruhe.eu](http://www.es-karlsruhe.eu), under the “**Data Protection**” tab.

**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.**

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Date

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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 pupil should be transferred to the account:

**Europäische Schule Karlsruhe**  
**Landesbank Baden-Wuerttemberg**  
**IBAN: DE76 6005 0101 7495 5014 16**  
**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.

**Under no circumstances will the registration fee be refunded!**

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

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: +49 7 21-6 80 09-20 or +49 7 21-6 80 09-75

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CONFIDENTIAL

## Medical Information/Health Questionnaire

Please note: These questions are **COMPULSORY**

Please complete all of the following questions:

*Surname / First Name*

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*Date of Birth:*

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1. Has your child been diagnosed with any medical condition? Yes  No   
If yes, please provide the diagnosis and the treatment plan:

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2. Does your child take any medication regularly? Yes  No   
Name of medication:

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3. Does this medicine need to be administered in school? Yes  No

**If yes, please complete the Administration of Individual Medication at School Form ([Individual medication](#)).**

Within school

- small wounds will be treated as appropriate.
- insect repellent/sun cream for sensitive skin are used if necessary.
- ticks will be removed and parents will be informed.
- children may be checked for headlice throughout the school year.

Date: ..... Signature: .....

## Medication administered in school:

Surname / First Name

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Date of Birth:

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Oral Medication		Medical drops	Medical syrups	Creams and Sprays	
Paracetamol 500mg	Buscopan Plus	Rescue Remedy	Ibuprofen 20mg/ml	Vaseline	Octenisept Disinfectant
Ibuprofen 200mg	Eucalyptus Lozenge	Iberogast Classic	Ibuprofen 40mg/ml	Betaisodona	Verolin Disinfectant
Ibuprofen 400mg	Rehydration Sacht	Iberogast Advance	Cetirizine	Savlon	Insect Repellant
Nurofen 200mg melting tablet	Dynexan Mouth Gel	Fenistil	Fenistil	Fenistil Gel	Sebamed Cream with Panthenol
Cetirizine	Dextro Energy Tablets	Bluepan Eye Drops	Paracetamol 40mg/ml	Wound and Healing Cream	Arnica Cream
Sinupret	Salviathymol Liquid	Olbas Oil		Baby and Child Cream	Traumeel
Dorithricin Lozenge	Gaviscon Suspension			Hand Cream	Voltaren Schmerzgel
Buscopan				Ice Power Cold Gel	Anthisan
				Cool Jel	Sun Protection Factor 50

If your child is unable to take any of the medications listed, please provide details here:

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Parents give their consent for the European School Karlsruhe health service to administer the above listed medications according to the recommended dosage.

Parents will be contacted before administration of oral medication (paracetamol, ibuprofen/cetirizine etc.) to Kindergarten and Primary pupils.

Date: .....

Signature: .....

# Measles

Please note: This Information is **COMPULSORY**

Surname / First Name

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Date of Birth:

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In order to proceed with your application, evidence of measles immunity **must** be provided to the school. All schools in Germany are required to submit information for their students to the Gesundheitsamt to meet the requirements of the Masernschutzgesetz (Measles protection law).

<https://www.bundesgesundheitsministerium.de/impfpflicht.html>

**Please provide one of the following types of proof and attach it to this document:**

1. a copy of a **vaccination certificate** ("Impfpass") or a **medical certificate** (also in the form of an annex to the examination booklet for children) stating that your child has **adequate vaccination protection** against measles (in Germany **this must be 2 of 2** early-childhood measles vaccinations, normally MMR),  
or
2. a **medical certificate** stating that your child is immune to measles, or
3. a **medical certificate** stating that your child cannot be vaccinated for medical reasons (**contraindication**)  
or
4. confirmation from a previously attended educational facility that the relevant evidence has already been submitted.

If you do not have the required proof of vaccination or immunity, please contact your family doctor to make arrangements.

[Wie weise ich Masern-Impfungen oder Masern-Immunität nach?](#)

[How do I demonstrate measles vaccination or measles immunity?](#)

Date: \_\_\_\_\_

Place: \_\_\_\_\_

Signature of parent

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