

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) | Secondary (OS) |
| | <input type="checkbox"/> | Year 1 | Year 1 |
| | | Year 2 | Year 2 |
| | | Year 3 | Year 3 |
| | | Year 4 | Year 4 |
| | | Year 5 | 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 | For school year: |
| Class | starting from: |
| L1 | Approved: |
| L2 | Not approved: |
| Cat. | |
| Registration fee | 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. |

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 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.

The privacy statement of the European Schools can be found in the header of our website 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.

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 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

CONFIDENTIAL

Medical Information/Health Questionnaire

Please note: These questions are **COMPULSORY**

Please complete all of the following questions:

Surname / First Name

Date of Birth:

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

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

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

Date of Birth:

| Oral Medication | | Medical drops | Medical syrups | Creams and Sprays | |
|------------------------------|-----------------------|----------------------|---------------------|-------------------------|------------------------------|
| Paracetamol 500mg | Buscopan Plus | Bach's Rescue Remedy | Ibuprofen 20mg/ml | Vaseline | Octenisept Disinfectant |
| Ibuprofen 200mg | Eucalyptus Lozenge | Iberogast Classic | Ibuprofen 40mg/ml | Betaisodona | Verolin Disinfectant |
| Ibuprofen 400mg | Rehydration Sachet | 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:

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

Date of Birth:

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
