



**Student Information Form**

**Legal name** \_\_\_\_\_  
Family First Middle Preferred name for class use

**Sex** male/female      **Birthday** \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
day month year      **Grade** \_\_\_\_\_

**Nationality(ies)** \_\_\_\_\_ **Home language(s)** \_\_\_\_\_

**Home address** \_\_\_\_\_

**Home phone number** \_\_\_\_\_ **Contact email address** \_\_\_\_\_

**Interests/hobbies** \_\_\_\_\_

**Medication** \_\_\_\_\_ **Allergy(ies)** \_\_\_\_\_

**Declaration signed**      Photos and videos published **Yes / No**  
(please circle)

Sibling's name \_\_\_\_\_ birthday \_\_\_\_\_ school \_\_\_\_\_

Sibling's name \_\_\_\_\_ birthday \_\_\_\_\_ school \_\_\_\_\_

**Educational History**

Grade(s)	Name of school	Period of attendance	Reason for leaving
		____/____/____ ____/____/____	
		____/____/____ ____/____/____	
		____/____/____ ____/____/____	
		____/____/____ ____/____/____	

Mother's name \_\_\_\_\_

Nationality(ies) \_\_\_\_\_

Home language \_\_\_\_\_

English ability Beginner Intermediate Native  
(please circle)

German ability Beginner Intermediate Native  
(please circle)

Profession \_\_\_\_\_

Email \_\_\_\_\_

Cell phone \_\_\_\_\_

Father's name \_\_\_\_\_

Nationality(ies) \_\_\_\_\_

Home language \_\_\_\_\_

English ability Beginner Intermediate Native  
(please circle)

German ability Beginner Intermediate Native  
(please circle)

Profession \_\_\_\_\_

Email \_\_\_\_\_

Cell phone \_\_\_\_\_