



Student Information Form

_egal name					
Fa	mily	First		Middle	e Preferred name for class us
Sex male/female	Birthday	 day	_ / month	_ / year	Grade
Nationality(ies)			_Home language(s)		
Home address					
Home phone numbe	er		Conta	act email addre	ss
nterests/hobbies _					
Medication			Allerg	gy(ies)	
Declaration signed please circle)	Photos and videos p	ublished	Yes / N	0	
Sibling's name	t	birthday _		schoo	I
Sibling's name	k	oirthday		schoo	l <u> </u>
Grade(s)	Name of school	Name of school Period		of attendance	Reason for leaving
Grade(s)	Name of School		/_	/	neason for leaving
			/	/	
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Mother's nameNationality(ies)			Father's name Nationality(ies)		
Home language			Home language		
English ability Beginner Intermediate Native			English ability Beginner Intermediate Native		
(please circle) German ability Beginner Intermediate Native			(please circle) German ability Beginner Intermediate Native		
(please circle) Profession			(please circle) Profession		
Email			Email		
Cell phone			Cell phone		