

DEUTSCHE SAMSTAGSSCHULE SAN ANTONIO

Winter 2012 Application Form

Today's Date: _____

PARENT INFORMATION

Primary Parent Contact Name: _____

Address: _____ City _____ ST ____ Zip: _____ + _____

Phone: Home _____ Cell: _____ Work: _____

Email: _____

Secondary Parent Contact Name: _____

Address: (If Different) _____ City _____ ST ____ Zip: _____ + _____

Phone: Home _____ Cell: _____ Work: _____

Email: _____

CHILD INFORMATION

Child's Name: _____ Birth Date: _____ Age: _____

Pre-school/School: _____ Grade: _____ Gender: F / M

German Language Ability Comprehension: None ___ Beg ___ Int ___ Adv ___ Fluent ___

Speaking: None ___ Beg ___ Int ___ Adv ___ Fluent ___

Helpful information (allergies etc): _____

Other Interests/Hobbies: _____

FAMILY INFORMATION

Language(s) spoken at home (in %): English: _____ German: _____ Other: _____

Main reason(s) for learning German: _____

Will someone be able to assist with German homework? Yes ___ No ___

Parents interested in volunteer work at school? Yes ___ No ___ Which Parent? _____

Would the parents like to receive the GTHS E-mail Newsletter? Yes ___ No ___

EMERGENCY CONTACT INFORMATION (other than parent)

Name: _____ Phone: _____ Relationship: _____

Physician: _____ Phone: _____

For Office Use Only (Registration Deadline January 20, 2012)

Class: Vorschule (ages 3-5) _____ Beginner _____
Grundschule (ages 6-8) _____ Intermediate _____
Mittelschule (ages 9-13) _____ Advanced _____

Reg Rec'd: _____ Late Fee: _____ Payment Deposited: _____ Amount Paid: _____ Check # _____