

# Leipzig International School

## Application Form

January 2010

Student's Photo  
(optional)

### Personal Data: CHILD

Grade applying for \_\_\_\_\_

Starting date applying for \_\_\_\_\_

Student's surname \_\_\_\_\_

Student's first and middle names \_\_\_\_\_

Student's first name used \_\_\_\_\_

Date of birth (day/month/year) \_\_\_\_\_ Place of birth (city/country) \_\_\_\_\_

Gender \_\_\_\_\_ Nationality \_\_\_\_\_

Home address in Germany for school purposes \_\_\_\_\_

Home telephone No. \_\_\_\_\_ E-mail address \_\_\_\_\_

Current contact address (if different from above): \_\_\_\_\_

Current telephone no. (if different from above): \_\_\_\_\_

### Emergency Contact (other than home or office; i.e. local relatives or close friends)

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Telephone No. \_\_\_\_\_

### Personal Data: FAMILY

**Father** Family Name \_\_\_\_\_ First Names \_\_\_\_\_

**Father** Profession/Position \_\_\_\_\_ Nationality \_\_\_\_\_

**Father** Employer \_\_\_\_\_ Business phone no. \_\_\_\_\_ Mobile phone no. \_\_\_\_\_

**Father** Address (if different from home address) \_\_\_\_\_ Email \_\_\_\_\_

**Mother** Family Name \_\_\_\_\_ First Names \_\_\_\_\_

**Mother** Profession/Position \_\_\_\_\_ Nationality \_\_\_\_\_

**Mother** Employer \_\_\_\_\_ Business phone no. \_\_\_\_\_ Mobile phone no. \_\_\_\_\_

**Mother** Address (if different from home address) \_\_\_\_\_ Email \_\_\_\_\_

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### Brothers /sisters also attending (or applying for) LIS

Name \_\_\_\_\_ Grade \_\_\_\_\_

Name \_\_\_\_\_ Grade \_\_\_\_\_

### Brothers /sisters not attending LIS

Name \_\_\_\_\_ Age \_\_\_\_\_

Name \_\_\_\_\_ Age \_\_\_\_\_

If, by prior arrangement with the International School, the child is boarding with a family, please give name and address of **host family**.

Name \_\_\_\_\_ Address \_\_\_\_\_ Telephone \_\_\_\_\_

Date of arrival in Leipzig \_\_\_\_\_ Length of stay in Leipzig (if known) \_\_\_\_\_

### Business Office Information

Biological parents live in same household (yes / no) \_\_\_\_\_

Child custody (joint / father / mother) \_\_\_\_\_

School fees paid by employer (yes / no – please indicate yes even if indirect by reimbursement) \_\_\_\_\_

Sibling child visiting a Kindergarten or Primary School (gr.1-4) in the Leipzig area (yes / no – please provide confirmation) \_\_\_\_\_

Preferred language of written communication (German / English) \_\_\_\_\_

### Permission for LIS to contact mother by email

yes  no

### Permission for LIS to contact father by email

yes  no

### Permission to provide address to parents of other LIS students

yes  no

### Permission to provide telephone contact information to parents of other LIS students

yes  no

### Permission to provide e-mail contact information to parents of other LIS students

yes  no

How did you hear about LIS?

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### Language Profile

- There is only 1 language spoken at home, and this language is: \_\_\_\_\_
- There is more than 1 language spoken at home. *Please complete the information below:*

|   | <i>Yes / No / Developing</i>       |                                      |
|---|------------------------------------|--------------------------------------|
| Student's strongest language                          | Literacy in this language          | Other language(s) spoken at home     |
| communication language with mother                    | communication language with father | communication language with siblings |
| Language in which parents communicate with each other |                                    |                                      |
| Mother's 1st language                                 | Father's 1st language              |                                      |

### Foreign languages studied at school

|          |                 |
|----------|-----------------|
| Language | Number of years |
| Language | Number of years |
| Language | Number of years |
| Language | Number of years |

### Health Record

|   |                                      |
|---|--------------------------------------|
| Name of family physician in Germany   | Telephone Number of family physician |
| Health insurance group  | Insurance number                     |
| Any known medical condition that may be relevant to school (asthma, epilepsy, hearing deficiencies, etc ...): |                                      |
| Allergies   |                                      |
| Name of any regular medication that the student is using  |                                      |
| Dietary requirements  |                                      |

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### Declaration

1. I/We certify that the above information is correct and complete as far as possible.
2. It is acknowledged that receipt of the application form does not oblige the school to accept a student. Applications may be accepted or rejected. However, once a student has been accepted by the school, a contract is deemed to exist between the school and the parents or guardians. The contract is subject to the laws of the Federal Republic of Germany with exclusive jurisdiction in Leipzig.
3. If the student application is accepted, I/we agree to abide by all school policies approved by the Board of Governors. It is understood that non-adherence to such policies will entitle the school to terminate an existing contract.
4. It is acknowledged that placement of a student in a group or class is at the discretion of the school.
5. It is accepted that the school maintains computerised records regarding students and parents. Unless requested not to do so, names and addresses may be published in the school directory.
6. I/We agree that images (ex. photos) and/or work of our child may be published in print and/or electronic form.
7. I/We acknowledge that the school fees are determined each year by the Board of Governors and are affected by the projected as well as the current costs of running the school. We hereby declare that we are able to pay the fees for the school year to which this application applies. It is accepted that there will be no refund of fees for instructional days lost due to reasons beyond the school's control. Payment of tuition fees is made in accordance with the method outlined on the attached *Schedule of Fees*.
8. The most recent statutes of the Leipzig International School apply.

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Date/Place

Signature of father/guardian

Signature of mother/guardian

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*to be filled in by the school*

**Admission is confirmed herewith**

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Family name

First name

Date of birth

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Accepted in grade

Starting date

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Date/place

Signature of section leader

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Date/place

Signature of headmaster