

Registration

Date: _____

Last Name

Address

Street
City
Zip Code
Phone
E-mail

	Name of Students	Birth Date (if under 18)	School Grade	Speak German?		Other German Schools Attended	Class Level
				Yes	No		
1							
2							
3							
4							
5							

How did you find out about our school? _____

Remarks _____

Fill out this portion if student is under 18 years of age

Father's Name	<input type="text"/>	Do Parents	Yes?	<input type="checkbox"/>
Mother's Name	<input type="text"/>	Speak German?	No?	<input type="checkbox"/>
Emergency Information				
Parent's Cell Phone	<input type="text"/>			
Physician Name & Phone	<input type="text"/>			
<p>In the event of an accident, injury or illness of or to my child during the term of The German School of Fremont, Inc., I authorize the administration of said organization to initiate necessary emergency care for my child. In the event our family physician cannot be reached, I authorize the physician attending the emergency room or any available physician to render necessary medical aid to my child.</p>				
Parent's Signature	_____	Date	_____	

Waiver

The German School of Fremont, through the course of the year, has several school events at which photographs are taken. These photographs will occasionally appear on our web site. Would you agree that your picture or your child's picture can appear on our web site? Please check the appropriate box and sign below.

Yes No Signature _____

Office Use Only

Amount of Payment	Method of Payment	Date
<input type="text"/>	<input type="text"/>	<input type="text"/>