

# Registration for attending Montessorischule

school year: \_\_\_\_\_ class level: \_\_\_\_\_

Jena-ID: \_\_\_\_\_ registration for (date): \_\_\_\_\_

Surname:	First name:	<b>Student data</b>
Birth name:	Gender:	
Date of birth::	Place of birth:	
Post code/residence:	Federal State:	
Street/ Number:	Landkreis:	
Phone:	Nationality:	
Health insurance:	Insured with:	

<input type="checkbox"/> EU-Citizen	<input type="checkbox"/> Migration background	Only to be filled in for students of non German background migration background
<input type="checkbox"/> Asylum seeker/Refugee	<input type="checkbox"/> special language support in German needed	
<input type="checkbox"/> Emigrant	<input type="checkbox"/> foreign guest student	
Country of origin	in Germany since	
Language spoken in family <input type="checkbox"/> deutsch:	<input type="checkbox"/> andere:	

Denomination:	<input type="checkbox"/> none	Attending class:	<input type="checkbox"/> Ethics	<b>Tuition data</b>
	<input type="checkbox"/> Protestant		<input type="checkbox"/> Protestant Religion	
	<input type="checkbox"/> Catholic		<input type="checkbox"/> Catholic Religion	
	<input type="checkbox"/> Other			
Certificate for special educational needs is available: <input type="checkbox"/> yes, in the following field:				
	<input type="checkbox"/> emotional and social development		<input type="checkbox"/> hearing	
	<input type="checkbox"/> physical and motorical development		<input type="checkbox"/> eyesight	
	<input type="checkbox"/> mental development		<input type="checkbox"/> learning	
Handicap exists: <input type="checkbox"/> yes, namely: .....				
Helth impairment exists: <input type="checkbox"/> yes, namely: .....				

Surname, First Name custodian 1	Surname, First Name custodian 2	<b>Custodians</b>
Post Code/Residence if different from child	Post Code/Residence if different from child	
Street/number if different from child	Street/number if different from child	
Private phone number	Private phone number	
Mobile phone number	Mobile phone number	
Business phone number	Business phone number	

Name and address of last school .....	<b>Others</b>
Other remarks:	

Jena, \_\_\_\_\_

\_\_\_\_\_  
Custodian 1                                          Custodian 2                                          School stamp and signature

*It is necessary that both custodians sign the registration form. If only one signs, only he/she has sole custody or has been authorised by the other.*