

First application:	School year:
Date:	

Questionnaire for the student`s file

Name of child:		m / f
Date of birth:	Place of birth:	
Nationality:	First language:	
Address:		Phone:
Father`s name:	Address:	
Mother`s name:	Address:	
Guardians:		
Medical insurance:		By father / mother

Who may be informed in the case of illness or accident of the child during school hours?	
Name:	Phone:
Name:	Phone:
Name:	Phone:

Siblings living in the household, (please only birth year)	
brother:	sister:

Health thoughtfulness:

By children of non-German origin language:			
What language is spoken in your family?			
How do you assess the language skills of your child in the German language?			
<table border="1" style="margin-left: auto; margin-right: auto;"> <tr> <td style="padding: 5px;">good</td> <td style="padding: 5px;">sufficient</td> <td style="padding: 5px;">insufficient</td> </tr> </table>	good	sufficient	insufficient
good	sufficient	insufficient	

Comment:

Date, signature of guardians