First application:	School year:
Date:	

Questionnaire for the student's file								
Name of child:						m /	f	
Date of birth:			Place	e of birth		,	<u>.                                      </u>	
Nationality: First language:								
Address:			1 1130	languag	Phone:			
Address.					riione.			
Father`s name:		A d d vo o o						
Father's name:		Address	5:					
Mother`s name:		Address	ddress:					
Guardians:								
Medical insurance: By fa				By father	/ mother			
Wedical Insulanc	С.				by lattici	/ IIIOtilei		
Who may be info	rmed in the case of illness	or accider	nt of the o	child duri	ing school h	nours?		
Name: Phone:								
Name:		P	Phone:					
Name:		P	Phone:					
Name.			T Hone.					
		<u>,                                      </u>						
Siblings living in	the household, (please only	y birth yea	r)					
brother: sis								
llaalth tha abti	de a a c							
Health thoughtfu	liness:							
By children of no	n-German origin language:							
What language is	onakan in yaur family?							
	s spoken in your family? ess the language skills of yo	our child in	the Ger	man lan	nuage?			
Trow do you door	oo trie language okiilo or ye	our orma n	i tilo oci	man lan	guage:			
	good	sufficie	ent insufficient		cient			
	<u> </u>			l		L		
Comment:								

Date, signature of guardians