



# DEUTSCHE SCHULE CHARLOTTE

## Application Form

www.dsclt.com

Administrative Use Only

School Year \_\_\_\_\_ Start Date \_\_\_\_\_

### Student Information

	First Name	Last Name	Nationality	Date of Birth (M/D/Y)	Upcoming US Grade
1	_____	_____	_____	_____	_____
2	_____	_____	_____	_____	_____
3	_____	_____	_____	_____	_____

	Medical conditions/allergies/medication	Country of Birth	Mother Tongue	Language at Home	Years of German Schooling
1	_____	_____	_____	_____	_____
2	_____	_____	_____	_____	_____
3	_____	_____	_____	_____	_____

### Tuition

Registration fee is non-refundable and due at time of registration.

Tuition and book fees are due on the first day of school. No refund of the tuition after the first day of school.

\*Same tuition for the 4th and 5th Child. Please fill out a second form if you need to add more children.

	Child 1	Child 2	Child 3*
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tuition	\$ 700.00	\$ 600.00	\$ 500.00
Registration	\$ 100.00	\$ 100.00	\$ 100.00
Books/Material	\$ 50.00	\$ 50.00	\$ 50.00
<b>Total</b>	<b>\$ 850.00</b>	<b>\$ 750.00</b>	<b>\$ 650.00</b>

Amount Due	_____	Date Received	_____
<i>No Prorating</i>	_____		_____
Registration Fee	_____		_____
Payment	_____		_____
<b>Balance Due</b>	_____		_____

Parent Name \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Mobile Phone \_\_\_\_\_

Parent Name \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Mobile Phone \_\_\_\_\_

Home Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

e-mail \_\_\_\_\_

Company / Employer \_\_\_\_\_

Company Address \_\_\_\_\_

### Emergency Contact During School Hours

Name \_\_\_\_\_

Relation \_\_\_\_\_

Home Phone \_\_\_\_\_ Mobile Phone \_\_\_\_\_

I hereby authorize any of the teachers and/or German School administrators to give consent for medical treatment to be administered to my child(ren) in case of a medical emergency.

Signature \_\_\_\_\_ Date \_\_\_\_\_

### I would like to volunteer as/with

- |                                       |  |   |
|---------------------------------------|--|---|
| <input type="checkbox"/> Grade Parent | <input type="checkbox"/> Lantern Parade  | <input type="checkbox"/> Parent Coffees |
| <input type="checkbox"/> Librarian    | <input type="checkbox"/> Christmas Party | <input type="checkbox"/>                |
| <input type="checkbox"/> Yearbook     | <input type="checkbox"/> Summer Picnic   | <input type="checkbox"/>                |

### Survey

Where did you hear about us?  
\_\_\_\_\_

Does your company reimburse the tuition payment ? (Tax purpose)  
\_\_\_\_\_

Are you interested in being listed in the annual DSC address list?  
\_\_\_\_\_