



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. Full tuition is due at the latest on the first day of school. No refund of tuition after first day of school.

*Same tuition for 4th and 5th child.

	Child 1	Child 2	Child 3*
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tuition	\$ 800.00	\$ 700.00	\$ 600.00
Registration	\$ 200.00	\$ 200.00	\$ 200.00
Books/Material	\$ 50.00	\$ 50.00	\$ 50.00
Total	\$ 1050.00	\$ 950.00	\$ 850.00

Adult Conversation: \$1000

Adult Beginners' (with Book): \$1050

Regardless of number of children enrolled.

	Amount Due	Date Received
No Prorating	_____	_____
Registration Fee	_____	_____
Payment	_____	_____
Balance Due	<input style="border: 2px solid red;" type="text"/>	_____

Father's Name _____

Home Phone _____ Work Phone _____ Mobile Phone _____

Mother's 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 with

- | | | |
|---|--|--------------------------|
| <input type="checkbox"/> Library | <input type="checkbox"/> Christmas Party | <input type="checkbox"/> |
| <input type="checkbox"/> Parent Coffee | <input type="checkbox"/> Carnival | <input type="checkbox"/> |
| <input type="checkbox"/> Lantern Parade | <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? _____