



GERMAN SCHOOL OF SAN FRANCISCO

A N O N - P R O F I T
C O R P O R A T I O N

P.O. BOX 29132 • SAN FRANCISCO, CA 94129 • (415) 586-9060
www.germanschool.com • info@germanschool.com

REGISTRATION FORM

Family Name	Home Phone	Email Address
Street	City	Zip Code

STUDENTS TO BE ENROLLED

First Name (Include last name if different from family name)	Date of Birth	Age	Grade	German Knowledge

FOR MINORS

Father's Name	Occupation	Home phone	Work phone	Cell
Mother's Name	Occupation	Home phone	Work phone	Cell

NOTIFY IN CASE OF AN EMERGENCY

1.	Name:	Relationship:	Phone:
2.	Name:	Relationship:	Phone:



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MEDICAL AUTHORIZATION:

I hereby authorize the physician listed below or any other qualified physician to treat me and/or my child(ren) in the case of an emergency while attending the German School of San Francisco

Physician's Name:	Phone:
Ins. Carrier:	Subscriber Name:
Subscriber ID#:	Group#:

Please list allergies and unusual conditions of which we should be aware of or any other special instructions:

In the event of a major disaster, if we, the undersigned parents are unable to pick the children listed above up from school, we do hereby authorize German School of San Francisco to delegate the responsibility to the following friend, neighbor or relative:

1. Name:	2. Name:
Address:	Address:
Phone:	Phone:

(Please make sure you inform them that you have chosen them. In an emergency, they need to know.)

List All Persons Authorized to Pick Up This Child(ren):

EMERGENCY INFORMATION AND CONSENT FORM

This form authorizes the German School of San Francisco to take whatever emergency steps necessary.

Consent for Medical Treatment

As the Parent, Legal Guardian or Agency Representative, I hereby give consent to the German School of San Francisco to provide all emergency medical or dental care prescribed by a duly licensed physician (MD) or dentist (DDS) for my child(ren). This care may be given under whatever conditions are necessary to preserve life, limb or well being of my dependent.

The above is correct to the best of my knowledge. I agree to abide by the rules and regulations of the German School of San Francisco.

Signature of Parent /Guardian _____ Date _____