



GERMAN SCHOOL OF SAN FRANCISCO

A NON - PROFIT CORPORATION

1728 OCEAN AVE., # 239 • SAN FRANCISCO, CA 94112 • (415) 586-9060

www.germanschool.com • info@germanschool.com

REGISTRATION FORM 2018/2019

Family Name	Street	City	Zip Code
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INFORMATION FOR CHILDREN TO BE ENROLLED

First Name (Include last name if different from family name)	Date of Birth	Place of Birth (City and Country)	Nationality	School/Pre-School	Grade	German Knowledge (See categories below)

1. My child has little or no prior knowledge of German (DaF German as a foreign language)
2. My child is exposed to German at home and sometimes speaks German (DaF with home exposure)
3. My child speaks mostly German at home or in his/her regular school (DaZ German as a second language)

Legal Parent 1	Occupation	Home Phone	Cell or Work Phone Pls circle	email
Legal Parent 2	Occupation	Home Phone	Cell or Work Phone Pls circle	email

INFORMATION FOR ADULT STUDENTS TO BE ENROLLED

First Name	Occupation	Home Phone	Cell or Work Phone	email
German Knowledge		Previous German Classes		

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 the 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 Your 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 Legal Parent / Guardian _____ Date _____

Acknowledgement of Code of Conduct:

Signature of Adult Student/ Legal Parent /Guardian _____ Date _____



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CODE OF CONDUCT & SCHOOL RULES

It is assumed that an individual attending German School, has read and agreed to abide by all the school's rules and expectations stated below.

Behavior:

1. Students are expected to be courteous and respectful at all times when in class and on school grounds.
2. Students are to avoid any behavior that is disruptive and dangerous.
3. The German School reserves the right to send home any student at any time for misconduct or poor behavior/attendance. A refund will not be granted if a student is sent home for disciplinary reasons.

Attendance:

1. Students are expected to be on time.
2. For planned absences, students and/or their parents are to inform the teacher about their absence in advance.
3. Students are expected to make up any missed class and homework prior to returning to school.

Liability:

1. Parents and/or authorized adults are required to accompany their children to and from the classroom(s). Non-compliance may result in expulsion.
2. Students are responsible for their own belongings and also for the furniture and material made available to them during school hours. Any damage, vandalism or unsuitable mess caused by a student will be paid for by the student or his parents.