

German Embassy School
New Delhi

EP 16/17 Chandragupta Marg
New Delhi 110 021



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Application for admission to the German Embassy School New Delhi

Please fill up this questionnaire prior to the interactive session and send it electronically as a data file to sekretariat@dsnd.de Please fill up a separate form in case of siblings.

I/We would like to enrol my/our child to the German School New Delhi to the level/group denoted below for the academic year 20 /20 .

- | | | |
|---------------------------------------------------------------------------------------|----------------------------------------------------|-----------------------------------------------------------------------------|
| <input type="checkbox"/> Pre-nursery (<i>Sternschnuppen</i>) (1.5 - 3 years) | <input type="checkbox"/> Secondary Level I | <input type="checkbox"/> Grammar school
[<i>Gymnasium</i>] |
| <input type="checkbox"/> Kindergarten (3 - 4 years) | <input type="checkbox"/> Class 5/Orientation level | <input type="checkbox"/> Intermediate school
[<i>Realschule</i>] |
| <input type="checkbox"/> Pre-school (5 years) | <input type="checkbox"/> Class (6 - 10) | <input type="checkbox"/> Secondary General
School [<i>Hauptschule</i>] |
| <input type="checkbox"/> Primary school Class (1 - 4) | <input type="checkbox"/> Secondary Level II | |
| | <input type="checkbox"/> Class (11 - 12) | |

Desired date of joining _____

Expected duration of stay in New Delhi _____

Information on the child

Family name _____	First name* _____
Name addition _____	Gender _____
Date of birth _____	Place of birth _____
1st nationality _____	2nd nationality _____
Mother tongue _____	2nd mother tongue _____
Religious denomination _____	
Emergency telephone no. _____	E-mail address of the child _____

* As stated in passport

Address of the child and of the parents/legal guardian/s and person/s vested with care and custody of the child

Street _____
Postal Code _____ Place _____

Information on the parents/legal guardian/s and person/s vested with care and custody of the child

Father	_____	Mother	_____
Family name	_____	Family name	_____
First name	_____	First name	_____
Name addition	_____	Name addition	_____
Title	_____	Title	_____
1st nationality	_____	1st nationality	_____
2nd nationality	_____	2nd nationality	_____
Having parental authority	<input type="checkbox"/> yes / <input type="checkbox"/> no	Having parental authority	<input type="checkbox"/> yes / <input type="checkbox"/> no
Entitled to custody	<input type="checkbox"/> yes / <input type="checkbox"/> no	Entitled to custody	<input type="checkbox"/> yes / <input type="checkbox"/> no
Mobile telephone no.	_____	Mobile telephone no.	_____
Landline number*	_____	Landline number*	_____
E-mail address	_____	E-mail address	_____
Occupation*	_____	Occupation*	_____

*Optional

I/we have no objection to the personal details and address of my/our child being displayed on the class list and shared with other parents. I/we further agree to the publication of school events along with the pictures of my/our child/children on the school's homepage.

Place _____ Application date _____

Signature of the parents/legal guardian/s and person/s vested with care and custody of the child